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WHO KNOWS HOW SAFE?

The Status of State Efforts to Ensure Quality Child Care

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CONTENTS

EXECUTIVE SUMMARY v

INTRODUCTION. 1

PART I. TYPES OF CHILD CARE PROGRAMS SUBJECT TO STATE REGULATION 7

- Regulation of Family Day Care Homes. 8
- Regulation of Child Care Centers 12

PART II. STATE LICENSING STANDARDS OR REQUIREMENTS. . . . 17

- Health and Safety Standards. 18
- Parental Access to Child Care Programs 22
- Child-to-Staff Ratios in Child Care Centers. 26
- Group Size Limits in Child Care Centers. 29
- Child-to-Staff Ratios and Group Size Limits in Family Day Care. 32
- Staff Training Requirements. 35
- Developing Categorical Standards for Different Types of Care 39

PART III. STATE MONITORING AND ENFORCEMENT EFFORTS. . . . 41

- Staffing of State Licensing and Enforcement Agencies. 42
- Inspections and Visits to Ensure Compliance. 46
- State Policies Regarding Investigation of Complaints 48
- Sanctions in Response to Substantiated Noncompliance 51

PART IV. STATE STRATEGIES TO IMPROVE THE QUALITY OF THEIR PROGRAMS. 55

- Salary Enhancement Efforts 56
- State Efforts to Support and Encourage Training. 64
- Helping Providers Improve General Program Quality 80

PART V. STATE STRATEGIES TO HELP PARENTS ENSURE THE QUALITY OF THEIR CHILDREN'S CHILD CARE PROGRAMS. . . . 85

- Helping Parents be Full Partners in Ensuring and Improving Quality. 86

STATE-BY-STATE TABLES 91

- Table 1: Regulation of Family Day Care Home Programs. 91
- Table 2: State Licensing Policies Towards Child Care Centers by Type of Operator. 93
- Table 3: Selected State Health and Safety Standards. 96
- Table 4: State Regulations Regarding Parental Access to Child Care Programs 98
- Table 5: State Regulations Regarding Child-to-Staff Ratios in Child Care Centers. 100
- Table 6: State Regulations Regarding Group Size Limits in Child Care Centers 102
- Table 7: State Regulations Regarding Child-to-Staff Ratios and Group Size Limits in Family Day Care Homes 104
- Table 8: State Rules Regarding Child Care Staff Training Requirements 107
- Table 9: State Child Care Training Efforts in FY 1989. 109

APPENDIX. 111

- The Effects of the Quality of Child Care on Children in Child Care Centers in Atlanta, Georgia 112
- The Child Care Salary "Crisis" 114
- Salary and Quality Enhancement Policies in Manitoba, Canada 116
- Using Public/Private Partnerships to Improve the Quality of Child Care 117
- The Role of Resource and Referral Services in Improving Quality. 119

FOOTNOTES 121

TECHNICAL NOTES 125

BIBLIOGRAPHY. 126

LIST OF STATE CONTACTS. 128

EXECUTIVE SUMMARY

Today, more than 6 million children (including more than 2 million children younger than three) will spend part or all of their day in out-of-home child care. Making sure that these children are safe and nurtured is as basic a concern to their parents as assuring that school-age children are able to attend safe, high-quality schools. The quality of care these children receive will either build or undermine their future learning and achievement.

Parents recognize the importance of quality child care: 97 percent of American parents surveyed in a 1989 Harris poll cited "quality" as a top priority in child care. While every state has a system that addresses these general concerns about quality and is designed to protect children in child care, a closer look reveals that states do not provide even minimal protections for nearly half of all children who are cared for outside their homes. In addition, because the protections that apply to regulated child care programs frequently are so weak, and states' capacity to assure compliance so inadequate, parents cannot rely upon the mere existence of standards to protect their children.

Many of the gaps in current state regulatory policies reflect inexcusable failures to protect the health and safety of children in child care. Yet in many states, child care funding shortages are so great that agency after agency is unable to develop, implement, and monitor or enforce policies to promote good quality child care. Because of inadequate state and federal investments, these agencies are often forced to reduce services they know are essential to protect children. States' funding shortages also leave them unable to assist the many families who would be unable to afford the cost of care if it were improved and upgraded.

There are, however, some encouraging signs. Some states are recognizing the essential role played by child care regulatory systems in protecting children, and are making efforts to invest in and strengthen these systems. They are doing this in at least one of three ways--by reducing the number of child care facilities that are exempt from having to meet minimum standards and regular inspections, by strengthening the requirements that regulated facilities are required to meet (to ensure that regulated child care facilities meet the basic health, safety, and developmental needs of the children), and by strengthening their monitoring and enforcement efforts to make sure that regulated programs actually comply with these requirements.

In addition to such efforts, a number of states have developed voluntary efforts to help providers meet or exceed regulatory requirements, as well as voluntary efforts directed towards providers and parents to help them improve the quality of child care. For example, some states are implementing policies to improve child care provider salaries, while others are helping providers obtain training. Still other states are focusing efforts to help parents become better consumers of child care. While all of these efforts are encouraging, and provide good models that can and should be used by other states around the country, they are far too rare. It is essential that states invest in such efforts to protect their children and their future. Good quality child care is essential for children's development, for families' economic self-sufficiency, and for the economic stability and development of our country.

Key Findings

An estimated 2.6 million children--43 percent of all children in out-of-home child care--are unprotected by state regulation in large part because the settings in which they are cared for are exempt from even minimal health and safety standards.

- Although states typically regulate programs that receive public funds, there are enormous gaps in regulation of programs serving children whose care is not subsidized by state or federal funds. These programs often are not subject to any state regulation, and therefore are not required to meet even basic health and safety requirements. While a few states are improving their coverage of child care facilities, such efforts have been relatively rare, and other states actually have reduced the scope of their coverage.

- A majority of children in family day care homes (child care programs operated in a provider's home) are cared for in homes serving relatively small numbers of children. Yet most states only regulate homes serving large numbers of children. A total of 22 states exempt family day care homes serving five or fewer unrelated children from regulation under a mandatory system that includes inspections. Thirty-six states exempt programs serving three or fewer children.

- CDF's review of state regulation of family day care homes reinforces estimates that nearly three-fourths of all children cared for in family day care homes are in programs that are not licensed or registered and therefore are not required to comply even with basic health and safety standards. This is all the more alarming because infants and toddlers, the most vulnerable of young children, are more often cared for in family day care homes than in other child care settings.

- Many child care centers and preschool programs also operate without any state requirement that they meet minimal standards of safety and quality. Although about one-third of all child care centers are operated by religious institutions, 14 states fully or partially exempt such child care programs. In addition, 30 states fully or partially exempt child care programs operated by the public schools from regulation by the state child care licensing agency. These types of exemptions leave an estimated one in six children in child care centers unprotected by state licensing requirements.

Standards that do apply to regulated child care programs often fall below levels broadly recognized as necessary to ensure young children's health, safety, and full development.

- Although a measles epidemic is sweeping the country and is especially prevalent among preschool children, 13 states do not require children in licensed/registered family day care homes to be immunized against measles or other preventable childhood diseases such as polio, rubella, DPT, and mumps.

- Parents in 29 states do not have the unqualified right to visit their child's family day care home unannounced, thus allowing child care facilities to deny parents the opportunity to detect potential threats to their children's health and safety or to monitor the quality of care their children receive. However, increasing numbers of states are recognizing the importance of this issue--in 1989 and early 1990, for example, 11 states improved their parental access requirements for child care facilities.

- To ensure a child's safety and to promote emotional and intellectual development, child development experts recommend that a single caregiver care for no more than three or four infants. However, 19 states allow child care centers to operate with five or more infants per adult, and 13 states allow a single family day care provider to care for five or more infants and toddlers. In Idaho, a single caregiver can care for as many as 12 infants in a child care center. These inadequate protections leave children only a step away from a disastrous accident. On the other hand, 20 states met recommended levels for most or all of the six selected age ranges.

- Experts agree that children's development is hindered when they are cared for in large groups. Yet nearly half (22) of the states have no group size limits whatsoever. Furthermore, relatively few states made progress on this issue in recent years, as only two states added group size requirements between mid-1988 and early 1990.

- Extensive research has documented the importance of staff training to the quality of child care provided. Yet 35 states require no training whatsoever for staff in family day care homes, and 32 states do not require specific levels of formal training before teachers are hired in child care centers. On the other hand, states increasingly are recognizing the importance of this issue, as 11 states passed or improved their child care training requirements between mid-1988 and early 1990.

Due to inadequate state investments, many state licensing agencies lack sufficient resources to monitor and enforce the requirements they impose on regulated child care programs.

- Licensing officials in 18 states report that they find it difficult, and in many cases impossible, to protect children in child care adequately because they lack the enforcement staff. These findings reinforce recent survey results from the U.S. Department of Health and Human Services (HHS), which document that caseloads for state licensing inspectors far exceed recommended levels. Some states, however, have invested additional resources in their licensing staffs to improve their ability to monitor and protect children in child care.

- Although regular monitoring visits are necessary to ensure compliance, the HHS study estimated that fewer than half of all licensed or registered family day care homes were inspected in 1988. This is due in part to inadequate state investments in enforcement staff, and in part to state policies that do not require annual visits. Four states improved their visiting policies between mid-1988 and early 1990.

- Most states report that they respond to all complaints regarding the quality of regulated child care programs. However, eight states acknowledge that they are unable to respond to all complaints. As a result, programs that are suspected of failing to comply with state regulations continue to operate without intervention by the state.

- Several state agencies report difficulties coordinating with other relevant agencies in responding to complaints (due to issues of jurisdiction, confidentiality, lack of coordination, and other reasons). However, some states have devised interesting strategies to overcome this problem.

- Data from CDF and the HHS survey suggest that state licensing agencies are having difficulty implementing sanctions against providers found to be out of compliance, either because they do not have the legal authority, the sanctions are too cumbersome to implement, or the effect is not clear.

Although low salaries for child care providers cause high turnover and contribute to a crisis in the quality and supply of child care, the majority of states have made no attempt to address this problem.

- In 1989 only eight states had policies that were focused directly on improving the salaries of child care providers. The funding levels varied widely--ranging from about $200,000 in New Hampshire for 1989 to about $12 million in New York.

- Another eight states took a less direct approach to raising salaries, and increased the reimbursement rates they paid to providers that accept children whose care is subsidized by the state. Although these increases were implemented in the hopes that these funds would be used to increase salaries, their effectiveness in increasing salaries is unclear. Such increases, however, are essential to ensure that providers can afford to serve low-income children.

Even though the training of child care workers is one of the most important components of good quality child care, nearly half of the states in 1989 either made no attempt to address the training needs of their child care workers or provided only minimal assistance. However, states that are investing in training have devised some interesting strategies to help providers overcome the barriers of cost, inaccessibility, and lack of appropriate training options, as well as to meet other policy objectives.

- In 1989, 22 states either made no effort whatsoever to help child care providers obtain training or offered only very limited or unspecified forms of assistance to enhance the knowledge and skills of providers.

- The remaining 29 states funded specific training efforts. Their efforts varied widely--for example, funding levels ranged from $9,000 in Utah to more than $1 million in California and New York. Most of these 29 states spent between $100,000 and $400,000 in 1989.

- A few states made relatively larger investments in training--in 1989, for example, Alaska, the District of Columbia, Hawaii, and Vermont spent more than $4.00 on training for each child younger than age five.

- State training strategies are designed to meet a range of goals. Some state efforts help providers overcome various barriers to training (such as cost, accessibility, appropriateness, or fragmentation). Other states use training to educate providers on issues of special concern, to expand the supply of particular types of care, or to generate employment. Relatively few states, however, have developed training efforts that are comprehensive in scope.

While states increasingly are recognizing the importance of establishing meaningful incentives or other voluntary initiatives to help providers improve the quality of child care, or to help parents become better consumers of child care, such efforts are still too rare, and far too many states fail to address these issues in any significant way.

- Relatively few states are making any significant effort to devise other ways of helping providers improve the quality of care. There are, however, some states that provide targeted financial assistance for quality improvements or incentives to meet higher quality standards, while some states are working to expand the supply of good quality care through campaigns that include recruitment and training.
- Despite the fact that parents can and should play a central role in ensuring the quality of their children's care, relatively few states have developed efforts targeted at parents to help them become better consumers of child care. However, some states are recognizing this issue and are devising interesting strategies to achieve this goal--either by helping parents understand the key elements of good quality care, or by helping parents understand and have access to the licensing system.

What Must Be Done

State governments are central players in efforts to improve the quality of child care. States largely determine how federal and state funds for child care are spent and develop regulatory systems that set a baseline for quality in child care programs. In recent years, many states have recognized--or are recognizing-- the leadership role they must play in crafting a child care system that works.

The 1990s present a unique opportunity for state policy makers, advocates, and parents who want to improve the quality of child care. New federal child care legislation provides much-needed resources to states at a time when some states have developed innovative approaches that can be used as models for future efforts.

Recent Federal Action

In October 1990 Congress passed major new child care legislation that requires every state to examine and change some of their child care policies, while also providing significant funds to help states in this process. Key parts of the legislation regarding child care quality include:

1. **Child Care and Development Block Grant.** Authorizes $2.5 billion over three years in new federal block grants to states. States must use these funds to help families pay for child care or for activities to increase the supply or improve the quality of child care. The legislation spells out some provisions that are designed to improve the quality of care. For example, states must:

- Use at least 5 percent of these funds for quality improvement activities, including grants or loans to help providers meet state or local standards, activities to improve enforcement of state standards and licensing requirements, supporting resource and referral (R&R) programs, training and technical assistance, and improvement of salaries for child care providers.

- Use an additional 2.5 percent for quality improvements for child care programs, or for child care for preschool or school-age children.

- Establish health and safety requirements for all providers receiving funds from the act, including prevention and control of infectious diseases (including immunizations), building safety requirements, and health and safety training for providers.

- Review state licensing and regulatory requirements and policies unless a review has been conducted within the previous three years.

- Ensure that parents whose children are subsidized under the act have unlimited access to the facilities caring for their children.

- Offer consumer education to parents to help them select child care, establish parental complaint procedures, and maintain records of substantiated complaints.

2. **Grants to States for Child Care Services.** Provides an additional $1.5 billion in entitlement funding over five years for child care ($300 million per year beginning in FY 1991) to provide child care to families that otherwise would be at risk of becoming dependent on welfare. This new child care program also authorizes, but does not guarantee as an entitlement, $50 million in new funding (beginning in FY 1992) to help states improve standards, monitor compliance with state standards, and provide training to providers. Half of these discretionary funds would be used for training.

What States Must Do

Despite these new federal efforts, most key decisions regarding the quality, affordability, and supply of child care still will be made by states. The states must decide how best to use additional federal funding, combined with greater state investments, to do a better job of protecting children in child care.

Every state should begin by ensuring that a strong regulatory system offers basic protections to all children in child care. To fulfill this responsibility, states should:

- Eliminate sweeping exemptions that permit child care programs to avoid compliance with even minimal health and safety standards.
- Strengthen licensing standards by incorporating the protections needed to meet the basic health, safety, and developmental needs of children in child care.
- Bolster monitoring and enforcement efforts to ensure that potential threats to children's health and safety are detected, and to enforce compliance with state requirements.

States should supplement these basic protections for children with voluntary programs and incentives to stimulate quality improvements by child care providers. For example, states should:

- Implement initiatives that improve caregiver compensation and benefits to improve the stability and quality of the child care work force.
- Provide or subsidize accessible and appropriate training for child care providers to ensure that child care staff are knowledgeable and well-trained.
- Ensure that reimbursement rates for child care subsidized by the state are sufficient to cover the full cost of good quality care.
- Develop targeted financial assistance programs and other financial incentives that give child care providers access to the resources they need to expand training opportunities, reduce staff turnover by raising salaries, or repair and enhance their facilities.

Finally, states should help parents be full partners in ensuring that their children receive good quality child care. For example, states should:

- Educate parents about the components of good quality child care so that they can be more effective in choosing care that protects and promotes their children's full and healthy development.

- Ensure that parents understand the licensing system and have easy access to it so they can notify authorities as to possible problems.

The combination of all of these policies--those that set a baseline for quality as well as those that help parents and providers improve the quality of care--can forge a child care system that meets the basic health, safety, and developmental needs of all children. The challenges are great, and in some cases states will find it difficult to tackle the full range of problems simultaneously. Yet, by assessing both the strengths and most glaring weaknesses of current state policies, policy makers, advocates, providers, and parents can establish clear priorities for future action. This report is intended to serve as a guide in such efforts and to help identify promising and innovative strategies used by other states to address key problems related to the quality of child care.

Finally, it is important to note that the key elements of quality identified in this report are necessary but not sufficient to ensure that parents have access to good quality child care. Currently, many parents (and particularly low-income parents) have no options; "parental choice" is a reality only if parents can afford the kind of care they want for their children, and if they can find it. Consequently, in addition to taking steps to improve the quality of care, states also must invest in programs to help low-income families afford good quality care and in efforts to ensure that good quality care is accessible and in adequate supply.* Without such investments, improvements in the quality of care will fail to benefit far too many parents and children.

Only through a comprehensive approach to the problems of quality, affordability, and supply of child care will it be possible to create a stable and effective child care system. States, child care providers, businesses, parents, and the federal government all must play a part in these efforts, building a strong foundation for the development and achievement of all of our children, for the economic self-sufficiency of our families, and for the future strength of our nation.

* Subsequent CDF reports will examine state policies that help families overcome the problems of affordability and access.

INTRODUCTION

Millions of young children in the United States spend much of their day in a child care setting. The quality of care these children receive can either build or undermine the foundation for future learning and achievement.

All children need a safe and healthy physical environment while in child care, along with enough nurturing and sustained interaction with adults to ensure that they are inquisitive, trusting, and secure as they grow. Without these basics, children's development is far more likely to be stunted during their crucial, formative years before entering school. The quality of care is particularly important for poor children, as high-quality child care can prevent and often reverse much of the damage that children suffer when growing up poor.

We know how to provide high-quality child care. There is widespread agreement among professional organizations, federal agencies, academic experts, and parents that the essential components of good quality care include:

- A nurturing, trained, and stable staff that has time to interact with (and develop relationships with) the children;
- Good health, nutrition, and safety practices;
- An appropriate and safe physical environment;
- Developmentally appropriate curricula;
- Parental involvement and access;
- Parental choice and satisfaction; and
- Cultural sensitivity.

Some of these components are easy to define in practical terms (for example, health and safety practices can be specified and measured for purposes of regulation), while others (such as nurturing caregivers) are more difficult to define. Nonetheless a broad range of experts agree that there are a number of regulations and policies--including minimum health and safety standards, low child-to-staff ratios, small group sizes, decent salary levels and training for caregivers, parent involvement and access, and developmentally appropriate curricula--which increase the likelihood that children will be protected and nurtured in child care settings. 1/

Despite this consensus, however, far too many children remain in child care settings that do not incorporate these essential elements. As summarized in a recent landmark study by the National Research Council, "Of greatest concern is the large number of children who presently are cared for in settings that do not protect their health and safety and do not provide appropriate developmental stimulation. Poor quality care, more than any single type of program or arrangement, threatens children's development, especially children from poor and minority families."

While good quality child care programs can be found throughout the country, far too many children are being cared for in programs that barely meet minimal standards of quality, much less standards of quality that allow for their optimal development. Furthermore, the children who most need high-quality programs--those from low-income and disadvantaged backgrounds--are the least likely to gain access to them. The facts are disturbing:

- **Too many children are in care that does not meet their basic health, safety, and developmental needs.** While the quality of child care centers and family day care homes varies widely, ranging from programs of excellent quality to programs that place children at serious risk of physical harm, studies have found some very disturbing patterns. For example, the National Child Care Staffing Study (NCCSS), which surveyed a nationally representative sample of child care centers in 1988, found that the quality of developmental activities was inadequate for nearly one-third of all the child care center classrooms, and fully one-half of the classrooms serving infants. These problems may be even more prevalent in family day care homes. Research suggests that unregulated care is on average of poorer quality than regulated care, and a significant majority of family day care providers are unregulated. Furthermore, studies have found that family day care providers have lower levels of formal education (a characteristic that is associated closely with the quality of caregiving) than caregivers in child care centers: one study found that the average family day care provider had 11.3 years of formal education, compared with 14 or 15 years for teachers in child care centers. (For a case study of the effects of low-quality care on children's development in Atlanta, see the Appendix.)

- **Poor children are the least likely to be in good quality child care programs, despite the fact that their families are spending the highest proportion of their incomes for child care.** Low-income families are making remarkable efforts to pay for child care. Poor women who are employed (and have children younger than 15) pay an average of 22 percent of their monthly income on child care, nearly four times the national average of 6 percent. And the poorest families (those earning less than $5,000 annually) spend between 30 and 50 percent of their income on child care. Despite these efforts, however, research suggests that low-income employed parents are more dissatisfied with the quality of care their children receive than parents from higher-income brackets.

- **Good quality care is not cheap.** Good quality child care requires investments in trained and competent staff, low child-to-staff ratios, small group sizes, and adequate materials and equipment. While not all expensive care is of good quality, the essential components of quality care carry a substantial price tag. For example, one study estimated the cost of attracting and retaining qualified staff, maintaining low child-to-staff ratios and small group sizes, and purchasing adequate supplies, materials, and equipment for child care centers to total $5,200 per child per year, in contrast with the average $3,000 per year cost of center-based care. (More recent estimates have found the average cost of child care to be roughly $3,500 per year.) Findings from the NCCSS substantiate that parental fees are higher for programs that provide higher quality--for example, the average cost of infant care in centers that provided "less than good" care was $72.24 per week ($3,756 per year), but the average cost jumped to $109.40 per week ($5,689 per year) for centers providing "good" care. Not surprisingly, most low- and lower-middle-income parents are unable to afford the cost of any care, much less good quality care, without government subsidies or financial assistance. (For information on estimating the full cost of good quality care, see the recent publication by the National Association for the Education of Young Children (NAEYC), Reaching the Full Cost of Quality in Early Childhood Programs, as listed in the Bibliography.)

- **Parents are deeply concerned about the quality of care their children receive: 97 percent of parents surveyed in a 1989 Harris poll cited "quality" as a top priority in child care.** While parents can play an important role in ensuring that their children receive good quality child care, many parents cannot find good quality care at a price they can afford--74 percent of the parents in one poll reported difficulties in finding care that is both affordable and of good quality. Child care providers also are hampered in efforts to maintain or improve quality by a lack of resources, knowing that if they raise their fees the cost of care will be beyond the reach of many parents. Only the government can provide the additional resources and protections necessary to make a substantial difference in quality for all children in child care. Parents and providers alone cannot do the job.

Ensuring that children in child care receive adequate care is in everyone's interest. The quality of care not only determines whether a child's daily experience is a positive one--whether the child is happy, interested, and learning--but also has long-lasting effects on his or her future development. Children in poor quality care are less likely to develop strong cognitive and social skills or to be prepared for school. The long-term costs of inadequate care are difficult to measure, but for low-income children they include increased problems in school as well as reduced earnings and self-sufficiency in adulthood. As we move into a period where we will need every citizen to be productive and to meet their full potential, our society must invest now in the development of all children.

About This Report

This report provides a comprehensive examination of current state policies to protect children in child care settings and to improve the quality of care. It includes an analysis of state policies designed to provide basic assurances of adequate quality through the licensing system, as well as complementary state initiatives that assist child care providers in meeting or exceeding these minimum requirements and help parents become better consumers of child care. The data contained in this report, unless otherwise noted, were collected by CDF through extensive surveys of all 50 states and the District of Columbia and reflect state policy as of April 1, 1990. Technical notes at the end of this report describe how the surveys were conducted. This report is part of a series of studies to be published by CDF during the next several years that examine state efforts to improve the quality, affordability, and supply of child care in the United States.

CDF's research focused on several types of state policy. First, CDF examined the three aspects of state regulatory policy that are essential to protect children in child care:

- Licensing policies determine which programs are subject to state regulations and which programs are exempt.

- Standards set basic requirements that regulated child care programs must meet to operate legally.

- Monitoring and enforcement policies reflect state efforts to ensure that licensing and regulatory requirements are met.

These three components form a tripod of state licensing policy, each leg essential to the maintenance of a strong regulatory system. For example, stringent standards will have little impact on the quality of care if most programs are not subject to them or if the state does not enforce them. Together, these three components provide a baseline of quality below which no child care program should fall.

Then, through state surveys, CDF collected data on state policies that seek to help providers meet or surpass licensing requirements and improve the quality of care they provide by:

- Developing initiatives to increase salaries and benefits of child care staff;

- Making training opportunities for child care providers more affordable, accessible, and appropriate to their needs; and

- Providing grants, low-interest loans, and other incentives for quality improvements.

Finally, CDF collected information on state efforts to help parents be full partners in ensuring the quality of their children's care by:

- Initiating campaigns to educate consumers and the general public about issues in quality and the benefits of regulation; and

- Developing strategies to inform consumers about the regulatory system and to make it more accessible to them.

State policies to assist providers and parents are an essential supplement to strong licensing or regulatory systems (though not a substitute for a strong system), as they provide the support providers and parents need to make good quality child care a reality. These supportive policies are particularly important for low-income parents and the providers who serve them, since they have little access to other resources for quality improvements.

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PART I

TYPES OF CHILD CARE PROGRAMS SUBJECT TO STATE REGULATION

State efforts to protect children in child care begin with a basic set of choices: whether or not to require various types of child care programs to meet state licensing regulations. Regardless of the strength of the regulations states maintain, or the effectiveness of their enforcement strategies, states cannot protect children in child care adequately if a large number of programs are exempt from state regulation and allowed to legally operate without maintaining even minimal health and safety protections for the children they serve.

Regulation of Family Day Care Homes 2/

> **Key Finding:** Nearly half of all states exempt family day care programs that serve five or fewer unrelated children from state regulation, thereby failing to extend even the most basic protections to children in these homes. Studies estimate that three of every four children cared for in family day care homes are in homes that are not regulated by the state--a deeply troubling pattern, given that such homes are more likely than child care centers to care for infants and toddlers. 3/

Family day care providers care for almost 3 million children while their parents work. 4/ These homes generally serve small numbers of children and are operated by a single provider--the majority serve fewer than six children. Because families often prefer smaller, home-like settings for their infants and toddlers, America's youngest, most vulnerable children are most likely to be cared for in family day care homes. However, the vast majority of children cared for in these settings are not protected adequately by state regulatory systems. As a result, they run a much greater risk of receiving substandard or even dangerous care.

Almost every state has some sort of regulatory system that applies to at least some types of family day care homes, and most states subject homes that receive public funds to state regulation. Yet in many states the regulatory system only covers a small proportion of unsubsidized family day care programs and lacks any mechanism for monitoring or enforcing even the most basic requirements.

The adequacy of state regulation of family day care homes depends in large part on three basic elements:

- A regulatory system that is mandatory rather than voluntary;
- Protections that apply to all family day care homes, regardless of the number of children served; and
- State monitoring of family day care homes to ensure that they are in compliance with the state regulations.

The last of these three elements--state monitoring for compliance--is essential to effective regulation of any child care facility, and almost always part of state efforts to regulate child care centers. However, a number of states allow family day care homes to certify themselves and do not check to make sure that basic protections are in place for children. While voluntary registration or self-certification systems for family day care homes may provide some modest incentive for providers to meet state standards, they provide no assurance that children cared for in such homes will be protected adequately.

Even the strongest set of standards will have little impact on the quality of care if most family day care homes are exempt based on the number of children they serve.

As a result of the failure of many states to institute mandatory regulatory systems with inspections and to apply their requirements to all sizes of family day care homes, millions of children who are cared for in such settings are not adequately protected (Table 1):

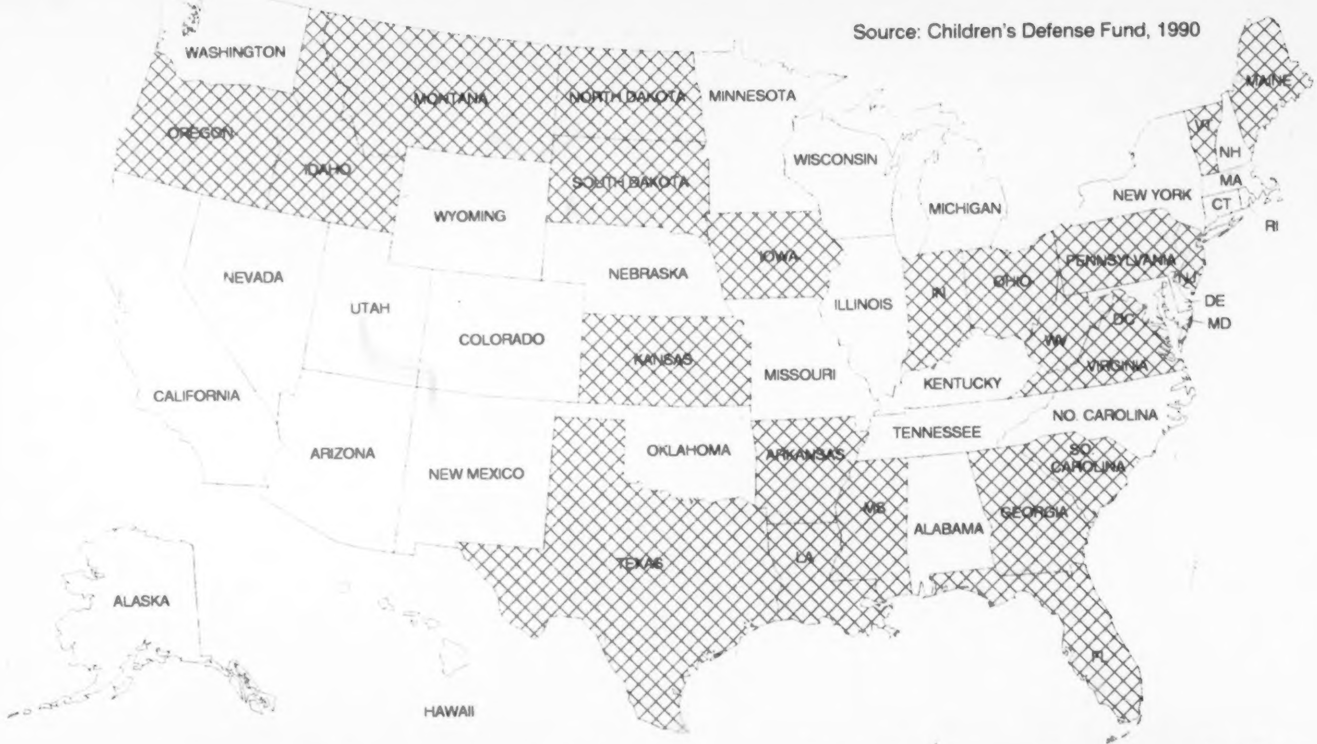
- Twenty-two states exempt family day care homes serving five or fewer unrelated children from mandatory regulation under a system that includes inspections.
- A total of 36 states exempt family day care homes serving three or fewer unrelated children from mandatory regulation under a system that includes inspections.
- Most states either regulate family day care homes serving 10 children or prohibit homes from serving this many children. However, four states--**Iowa, Maine, Montana,** and **South Dakota**--exempt homes serving even this many children from mandatory regulation under a system that includes inspections.
- Only 16 states have adequate coverage for all sizes of family day care homes examined (those serving three, five, seven, and 10 unrelated children).

These findings understate the full scope of the problem in ensuring even minimal protections for children in family day care homes. Even in those states that mandate regulation and inspection of most home-based child care facilities, a significant number of family day care homes operate illegally, either because they are unaware of or willfully violate the state's requirements. Without intensive enforcement and recruitment efforts, many of these programs will continue to operate illegally and the children served by these programs will lack the essential protections offered through state regulation.

In recent years, regulation of home-based child care facilities has been an area of considerable change. A few states have sought to strengthen their regulatory systems by covering smaller family day care homes. For example, **Arkansas** lowered the threshold size of family day care homes that must be licensed from seven to six children. Arkansas and **Kentucky** also developed voluntary registration systems for homes that fall below their threshold for mandatory registration.

Yet, several other states have taken steps that weaken their regulation of family day care homes. For example, **South Carolina** has stopped licensing family day care homes, and now has a mandatory registration system that relies on self-certification rather than inspections. **West Virginia** is planning to change from a system that inspected homes somewhat regularly to one that only conducts an initial inspection and subsequently relies upon self-certification. Finally, **New York** changed from mandatory licensing to mandatory registration (with no initial inspections) for all family day care homes, the result of the state's failure to invest in sufficient enforcement staff to conduct the initial inspections required under mandatory licensing.

States Exempting Family Day Care Homes Serving Five Children From Regulation and Periodic Inspections



Source: Children's Defense Fund, 1990

☐ States that subject homes serving five unrelated children to mandatory regulation and periodic inspections

▨ States that exempt homes serving five unrelated children from mandatory regulation and periodic inspections

Regulation of Child Care Centers 5/

Key Finding: One-fourth of all states either fully or partially exempt child care centers operated by religious institutions from regulation, and more than half of the states fully or partially exempt those operated by the public schools. As a result, an estimated one in six children in child care centers or preschool programs are cared for in facilities that are not required to meet even minimal state licensing requirements. 6/

Organized child care programs such as child care centers and nursery schools care for more than 3 million children in the United States and represent the most rapidly growing form of child care. The proportion of all preschool-age children with employed mothers who are cared for in child care centers and nursery schools nearly doubled during the last decade--rising from 13 percent in 1977 to 24 percent in 1987.

All states require mandatory licensing of the general category of "child care centers" and have a system for periodic inspections of regulated centers. Yet many states also exempt certain types of centers from some or all of their requirements. These exemptions typically are based on the auspices of the program, its hours of operation, or the presence of parents on or near the premises of the child care facility (Table 2):

- Thirty states exempt child care programs operated by public schools--a rapidly increasing form of child care-- from some or all of the regulations established by the state child care licensing agency, or exempt some types of these programs from such regulations. Only 16 states require these programs to meet all licensing requirements. The remaining five states reported that their policies did not fit into any of these categories. 7/

- In some of the states that exempt school-based child care programs, the state education agency is authorized to regulate such programs. Nonetheless, they often are left unregulated because the education agency has neither the expertise nor the staff to develop or enforce protections for children in such facilities.

- Although an estimated one-third of all child care centers nationally are run by religious institutions, 14 states exempt at least certain types of programs operated by such institutions from some or all state licensing requirements. Four of these states (**Alabama, Florida, Missouri,** and **South Dakota**) allow these programs to be fully exempt from state licensing requirements unless they choose to be regulated.

- Twenty-eight states exempt all programs operating in adult recreational facilities (such as spas or bowling alleys) from all licensing requirements, including minimal health and safety standards. Another 21 states exempt such programs from state licensing as long as they meet certain criteria--for example, parents have to be on the premises and the service has to be free. No state requires that all such programs be regulated. (The remaining two states either said their policy did not fit any of these categories or did not have a clear policy.)

- While short-term child care facilities that operate on a "drop-in" basis may not need to meet some state standards (such as those involving curriculum requirements), it is essential that they meet basic health and safety standards to ensure that children are not exposed to safety hazards. However, most states exempt most of these facilities from all requirements.

As a result of these exemptions, far too many children are in facilities that are not required to meet even minimal health and safety requirements. One study estimates one of every six children in child care centers or preschool programs is cared for in an unregulated facility.

Some states have sought to improve their regulatory systems for child care centers in recent years, while other states have taken steps backwards. States' progress includes:

- In July 1988 **Maryland** took a major step in consolidating regulatory coverage of child care programs. For the first time, nursery schools, family day care homes, and child care centers all were required to be regulated by the state's Department of Human Resources. In addition, for the first time programs operated by local governments, public schools, and nursery schools were required to be licensed.

- **Virginia** recently passed legislation that will eliminate a number of exemptions by July 1992. As part of these changes, child care centers in hospitals and publicly operated facilities as well as part-day nursery schools, summer camps, and some recreation programs will be required to be licensed as day care facilities.

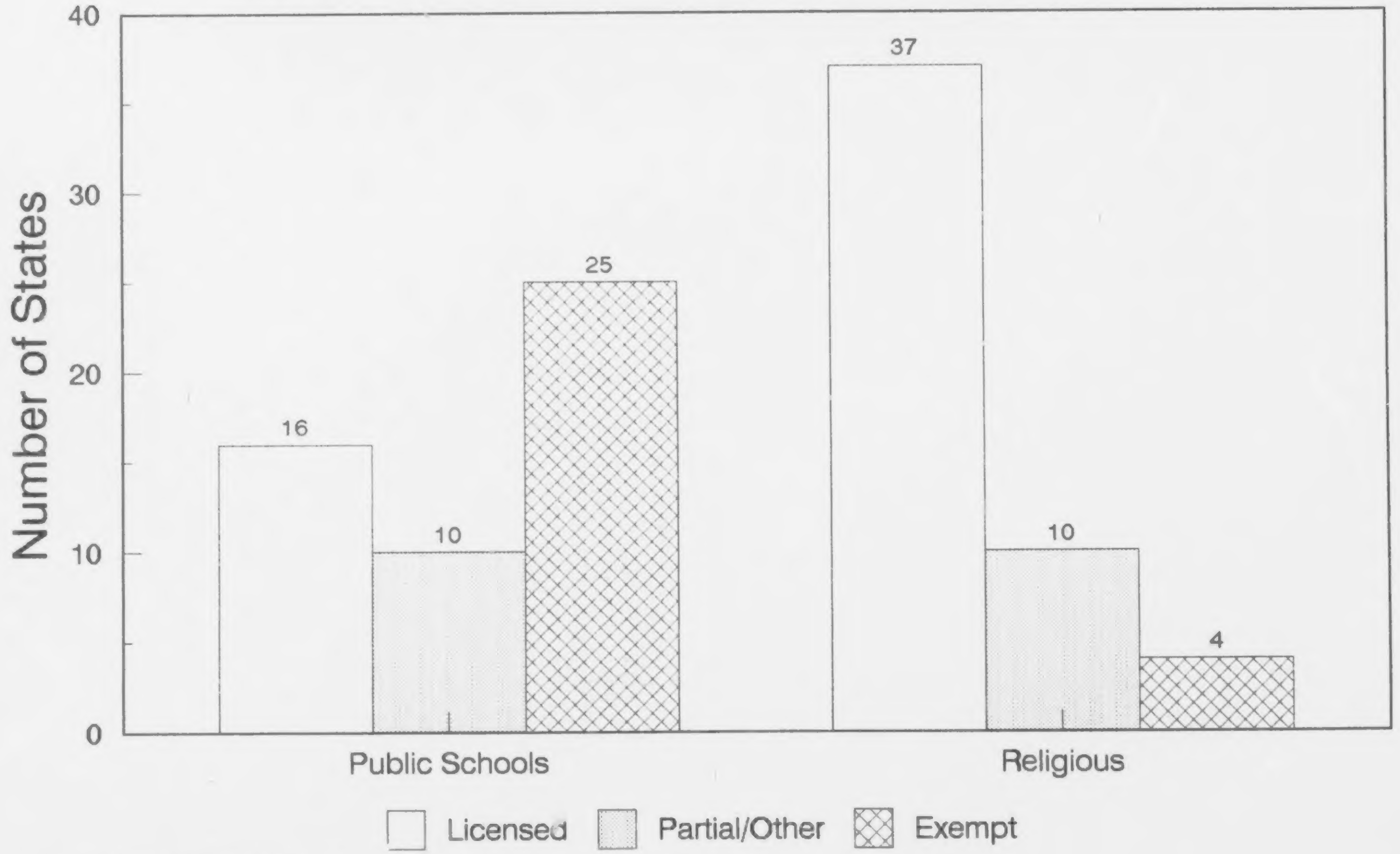
- **Tennessee** now requires the Department of Education to adopt the same child care standards as the Department of Human Services, thereby guaranteeing that all school-based child care meets the quality requirements set for other child care centers in the state.

- **Vermont** is in the process of developing regulations for drop-in facilities such as those located in spas, bowling alleys, and other adult recreational facilities.

In contrast to these encouraging signs of progress, other states have reduced the scope of their regulation of child care centers:

- **South Dakota** approved legislation allowing cities and counties to exempt from zoning and safety regulations day care programs that are affiliated with a church, nonprofit youth organization, hospital, school, store, or office building.
- **Delaware** expanded and clarified the exemptions for programs operated by public and private schools. **North Carolina** exempted seasonal recreation programs from licensing requirements.
- The **Missouri** legislature narrowly defeated a bill to require licensing for all child care facilities, including those operated by religious organizations. Although this legislation has been defeated before, it was rejected in early 1990 by a margin of only 14 votes.

State Regulation of Child Care Centers in Public Schools and Religious Institutions



Children's Defense Fund, 1990

PART II

STATE LICENSING STANDARDS OR REQUIREMENTS

State licensing standards seek to ensure that children in regulated child care facilities are protected from harm and are educated in a nurturing environment. To achieve this goal, effective standards address health and safety, parental involvement and access to care, and factors such as child-to-staff ratios, group size, and teacher qualifications that promote strong teacher-child relationships while also preserving the ability of child care staff to monitor and care for the children in their program. While most of these issues are covered in the regulations of the state licensing agency, some are (in some states) regulated by other agencies such as the health department or the fire marshal's office.

The CDF survey did not examine every important element of state licensing standards, but rather focused on a subset of key standards that protect children in child care and promote their full and healthy development. For a full list of model standards, see the forthcoming "Health and Safety Performance Standards for Out-Of-Home Child Care Programs," which is being developed as a collaborative project of the American Academy of Pediatrics and the American Public Health Association (see Bibliography).

Health and Safety Standards

Key Finding: Despite evidence that health and safety requirements significantly reduce the risks of infectious disease and injury to children in child care facilities, many states fail to provide some very basic protections. 8/ For example, in the midst of the most serious measles outbreak in many years, one-fourth of all states do not require basic immunizations for all children in family day care homes.

States have a basic responsibility to protect children in child care by setting minimum health and safety standards for child care facilities. There are a number of ways in which states and providers can reduce the risk of disease and injury:

- The risk of diarrheal disease can be diminished if caregivers are required to wash their hands after diapering children and before preparing food.
- The spread of infectious diseases can be avoided by requiring that all children in child care be immunized against polio, measles, rubella, DPT, mumps, and bacterial meningitis.
- Accidental injuries on playgrounds and climbing equipment--the most common form of injury in child care settings--can be reduced by requiring that energy-absorbing surfaces are placed beneath climbing equipment.
- Various other health and safety threats can be minimized by keeping group sizes to manageable levels.

Given the obvious importance of health and safety standards for children in child care, a surprising number of states fail to provide these basic protections. In surveying states on only a selected number of basic health and safety requirements, CDF found major gaps in state licensing standards (Table 3):

- Thirteen states do not require that children in family day care homes have the immunizations appropriate to their age for polio, measles, rubella, DPT, and mumps.
- Thirty-two states do not require that children ages 18 months and older in licensed child care centers receive the Hib vaccine that protects children from meningitis. Respondents in another three states did not know whether the vaccine was required.
- Nearly half of the states (24) do not require that licensed child care centers have energy-absorbing surfaces beneath climbing surfaces, swings, and slides. The respondent in one state agency did not know whether such safety measures were required.

- Twenty-two states do not require that licensed/registered family day care homes practice fire drills periodically, or at least once a year.

- While these standards represent only selected requirements, it is particularly troubling that four states--**Connecticut, Idaho, Indiana,** and **South Carolina**--fail to require any of these standards, and another 11 states require only one of these four health and safety protections.

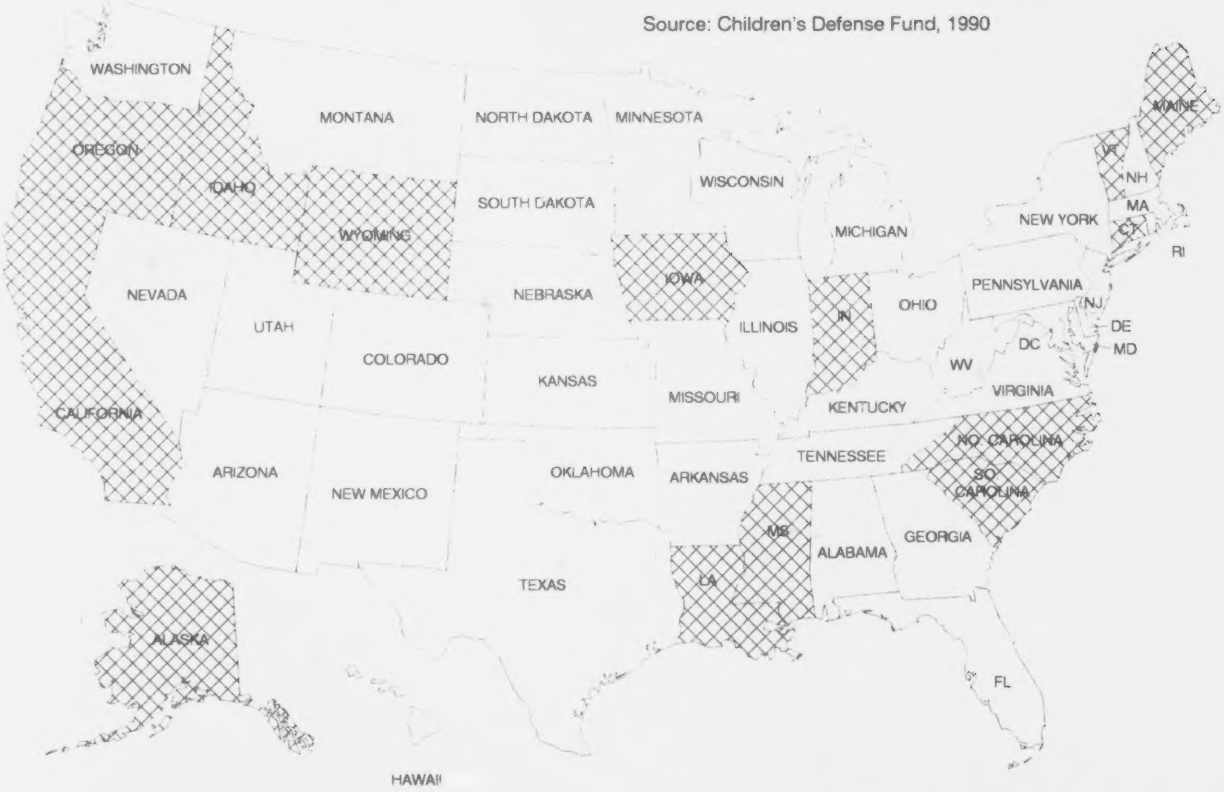
Although far too many states continue to lag behind, some states appear to be addressing gaps in their health and safety requirements by improving or clarifying their standards. Some of their efforts include:

- **Alabama, Delaware, Kansas, Michigan, Minnesota, Mississippi, New Jersey, Vermont, Virginia,** and **Washington** revised a number of their general health and safety requirements; **Delaware, Iowa, Kansas, Massachusetts, New Jersey,** and **Washington** revised their hand-washing and sanitation requirements; and **Nevada** and **Utah** passed legislation limiting smoking in child care facilities.

- **Alabama, Colorado**, and **New Jersey** implemented changes in the area of criminal background checks or child abuse prevention. **Alabama, Mississippi**, and **Michigan** implemented requirements for transportation safety.

- **Massachusetts** developed specific policies for children who are HIV positive or who have AIDS. The new policy specifies that infants, toddlers, and preschoolers with HIV infection or AIDS should be admitted to early childhood settings if their health, neurological development, and behavior are appropriate. The policy specifies the procedures and requirements that must be followed in these cases. Furthermore, the state is sponsoring a series of training sessions to educate child care staff about the new policy as well as about AIDS/HIV infection in general (discussed in more depth in Part IV).

States Not Requiring Basic Immunizations for Children in Family Day Care Homes

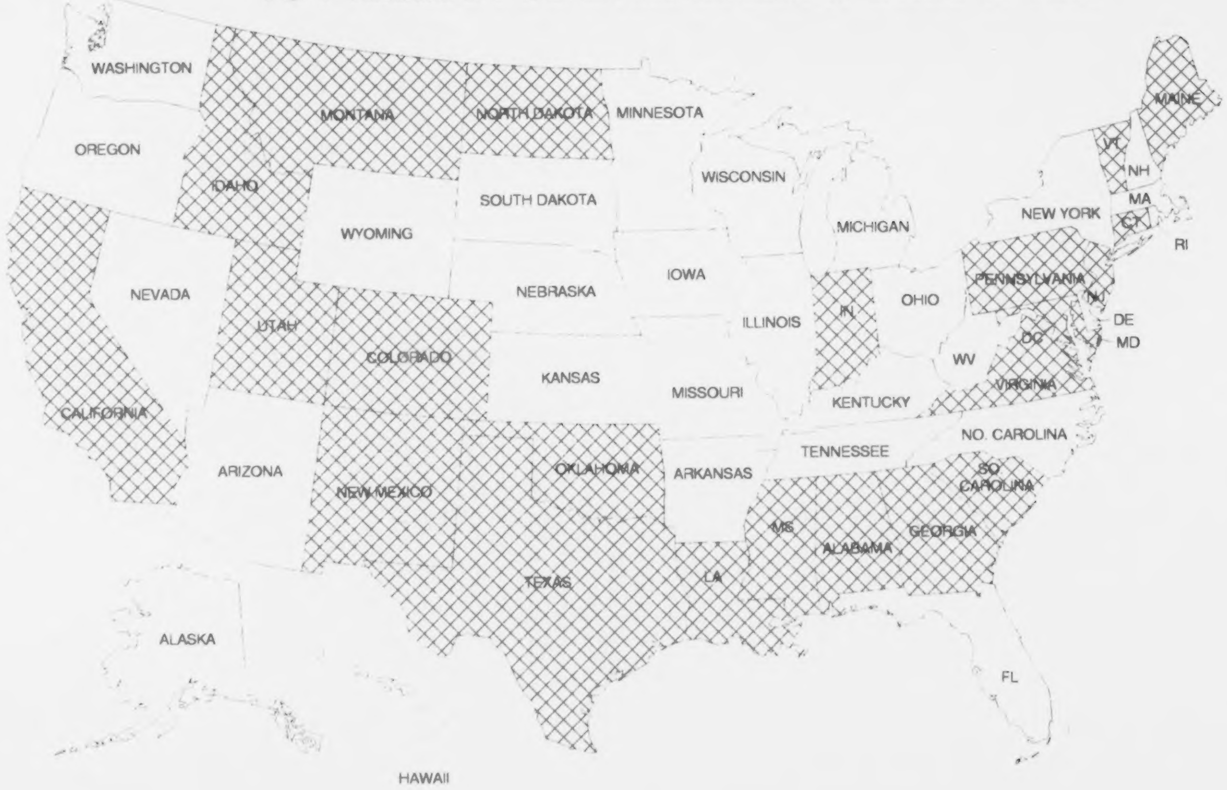


Source: Children's Defense Fund, 1990

☐ Immunizations required

▨ Immunizations not required

States Not Requiring Family Day Care Homes To Practice Fire Drills at Least Once a Year



☐ Periodic fire drills required

▨ No requirement to conduct periodic fire drills

Source: Children's Defense Fund, 1990

Parental Access to Child Care Programs

Key Finding: Even though parents are among the most important monitors of the quality of their children's care, more than one-third of all states do not guarantee parents the unqualified right to visit their child care centers. More than half fail to ensure parental access to family day care homes. On the other hand, increasing numbers of states are implementing parental access requirements.

Because parents are often the first line of defense in identifying threats to health, safety, and quality in child care, parental access to child care programs is an essential safeguard for children. Parental access also can encourage more parental involvement and helps to create continuity between a child's home and child care setting. Research shows that parental involvement and consistency between the child-rearing styles of the family and the caregiver promote children's healthy development and well-being.

State policies that can maximize parental access and involvement include:

- Requiring providers to communicate with parents in person and in writing about program policies and the development of their child; and
- Encouraging providers to develop roles for parents within the classroom and provide opportunities for parents to develop and strengthen their parenting skills.

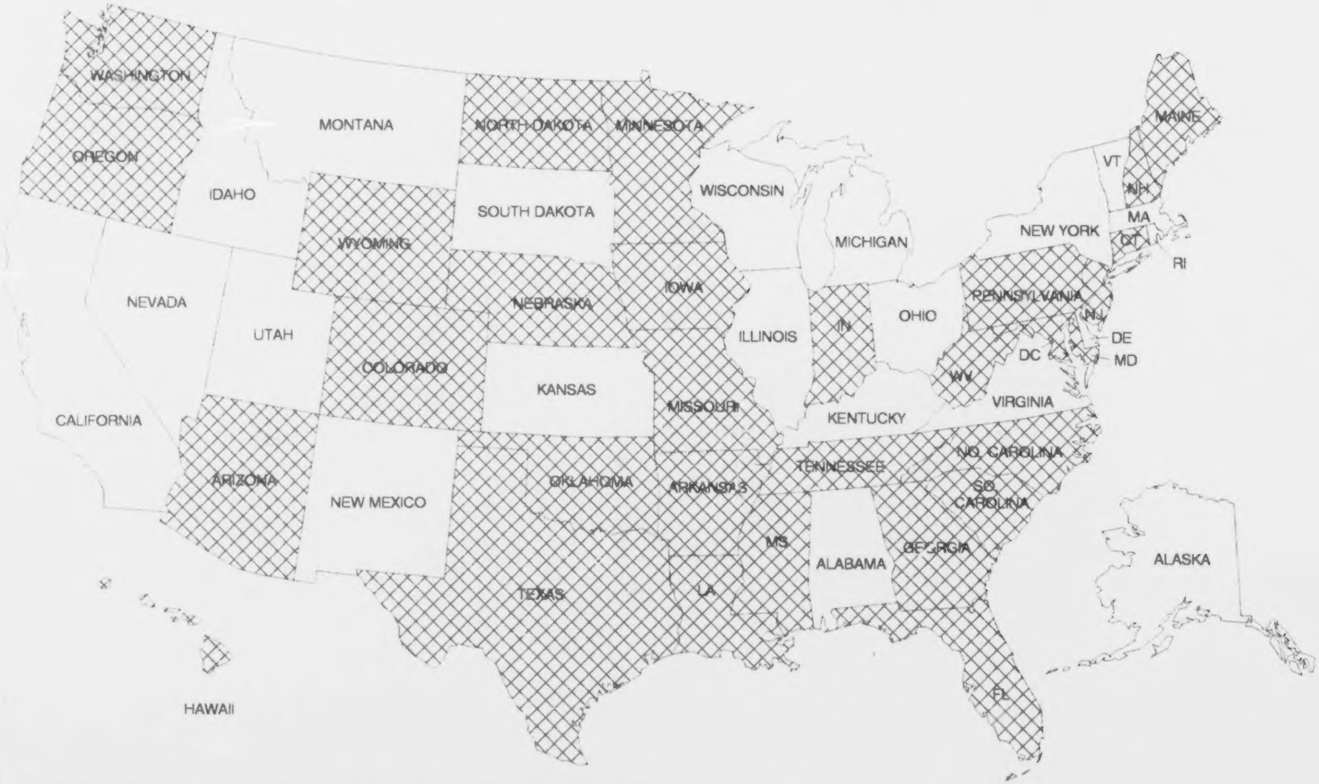
An additional policy, one of the easiest and least expensive ways for states to guarantee parental access and stimulate parental involvement, is to require regulated child care programs to give parents the unqualified right to visit without prior notice. Yet many states have not recognized the importance of having this guarantee in their laws and consequently do not guarantee parents unrestricted visiting rights (Table 4):

- Only two out of every five states give parents the unqualified right to visit child care centers and family day care homes. 9/
- Nineteen states do not give parents the unqualified right to visit their child's child care center, and 29 states fail to ensure parental access to family day care homes.
- Some of these states have parental access requirements, but place restrictions or limitations on the rights of parents--for example, by requiring that parents can only visit when it is convenient for the provider.

However, states increasingly are recognizing the importance of having parental access requirements in their laws for child care facilities:

- **Alabama, Connecticut, Kentucky, Maine, Michigan, Minnesota, Montana, Rhode Island**, and **South Dakota** are among those states that improved their policies by implementing full parental access for child care centers or family day care homes.
- **Oklahoma** and **Tennessee** moved from not addressing the issue to providing parents partial access.
- **Hawaii, Maryland, Mississippi,** and **New Hampshire** are in the process of implementing parental access regulations, and hope to have them in place sometime between the summer of 1990 and 1991.
- **Pennsylvania** and **Wyoming** are hoping to change their regulations soon to address parental access although it is not yet certain whether this change will occur.

States Not Guaranteeing Unqualified Access for Parents to Both Child Care Centers and Family Day Care Homes

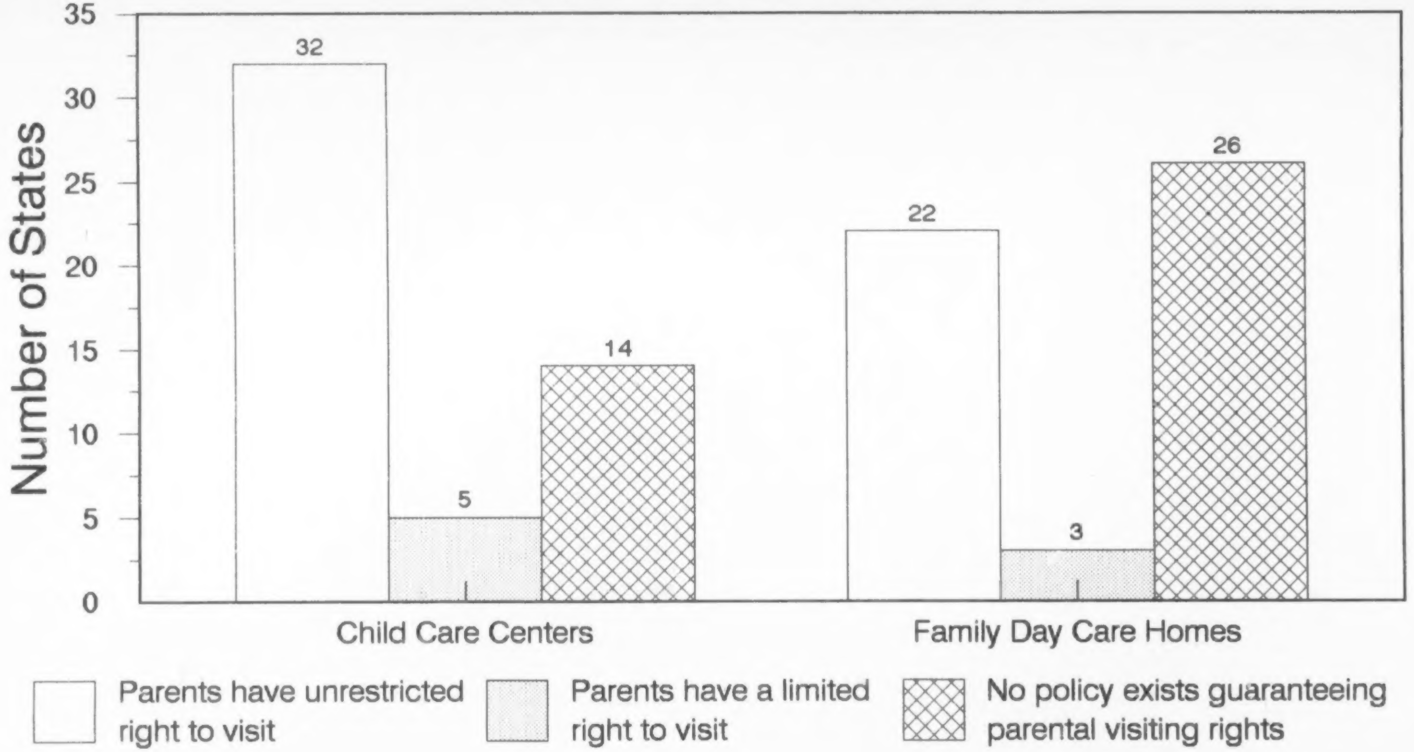


☐ States providing unqualified access for parents

▨ States not guaranteeing unqualified access for parents

Source: Children's Defense Fund, 1990

State Policies on Parents' Rights to Visit Child Care Centers and Family Day Care Homes



Source: Children's Defense Fund, 1990

Child-to-Staff Ratios in Child Care Centers

Key Finding: Good quality child care can be provided only if the caregiver is not responsible for too many children. Yet more than one-third of the states have child-to-staff ratios for child care centers that exceed recommended levels for infants, nearly half have levels higher than recommended for toddlers, and two-thirds have ratios for preschool-age children that exceed recommended levels.

The number of children cared for by a single staff member is a key determinant of the quality of child care. It is particularly important for very young children. Numerous studies have documented that infants in child care programs with high child-to-staff ratios exhibit more distress, more apathy, and are in more situations that involve potential danger. Toddlers in such programs are less likely to be talking and playing, and less likely to be closely attached to the caregiver. Furthermore, low child-to-staff ratios can improve children's test scores and behavior.

Child development experts recommend that, in order to provide good quality child care, a single caregiver be responsible for no more than three or four infants, four or five toddlers, or 10 preschool-age children. 10/ These recommendations make practical sense. It is hard to imagine how a single caregiver could feed and diaper as many as five or six infants, much less carry them out of the building in the event of a fire or provide them with the stimulating and nurturing environment that they need at this critical age. Caregivers face similar problems in providing good quality child care for large groups of toddlers and preschoolers.

Despite this clear need for child-to-staff ratios that not only protect children in child care centers but also allow them to thrive, the majority of states fall short of these recommended levels in one or more key areas (Table 5), although a number of states do meet recommended levels:

- Nearly one-third (16) of the states do not require child care centers to maintain child-to-staff ratios at recommended levels for any age group surveyed.

- Only 10 states mandate child-to-staff ratios that are consistent with recommended levels for all of the age groups surveyed, while another 10 states meet the recommended range for all but one of the six selected ages examined.

- Nineteen states allow a single caregiver in a child care center to care for five or more infants (age six months). Some of these states permit alarmingly high infant-to-staff ratios--**Georgia** and **North Carolina** allow seven infants,

South Carolina allows eight infants, and **Idaho** allows up to 12 infants per caregiver. 11/

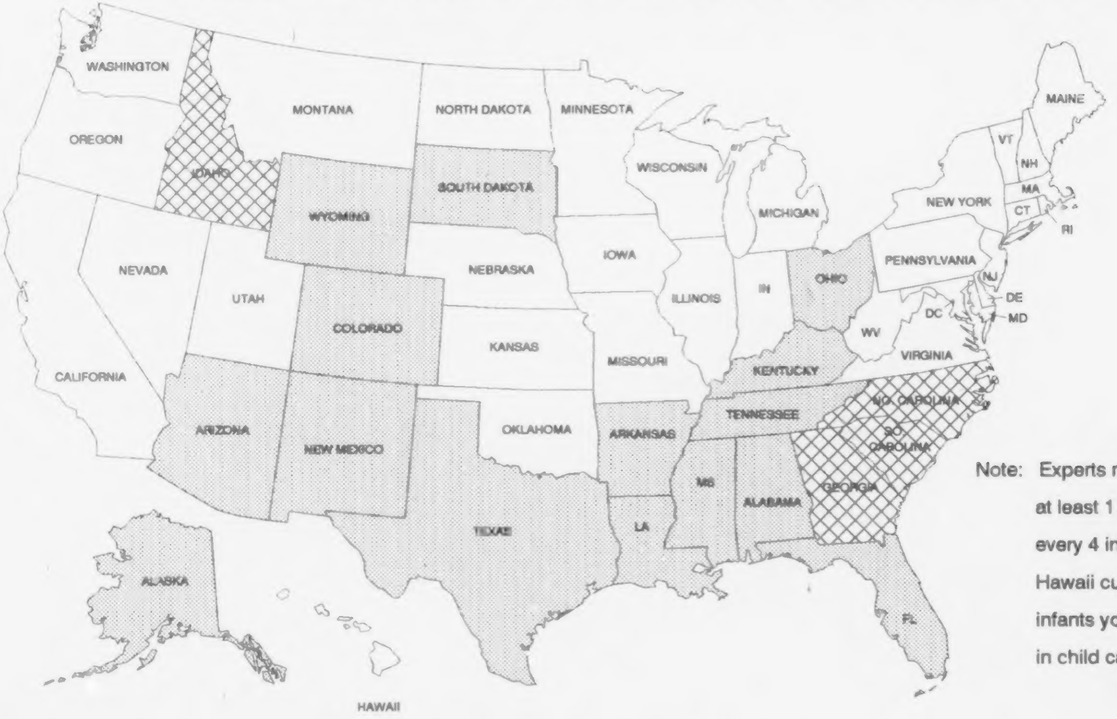
- Twenty-four states allow a single caregiver to care for six or more toddlers (age 18 months). Again, some of these states permit a single caregiver in a child care center to care for very large numbers of toddlers--**Arkansas** and **Mississippi** allow nine toddlers, **Georgia** and **Texas** allow 10 toddlers, and **Idaho** allows 12 toddlers per caregiver.

- Thirty-three states allow a single caregiver to care for more than 10 four-year-olds. **Georgia** allows 18 four-year-olds per caregiver, while **Alabama, Florida, North Carolina, South Carolina**, and **Texas** allow 20 children per staff member.

Some states--including **Arizona, New Jersey, Delaware**, and **Michigan**--strengthened their policies regarding child-to-staff ratios between the summer of 1988 and early 1990. Arizona changed its ratio from 10:1 to 8:1 for two-year-olds, from 15:1 to 13:1 for three-year-olds,and from 20:1 to 15:1 for four-year-olds. New Jersey maintained its ratios, but effectively strengthened them by changing the way the ratios are computed--moving from the "averaging method" to gathering an exact count of children.

Alabama, on the other hand, weakened its standards for child-to-staff ratios in centers by raising its ratio from 10:1 to 12:1 for children between the ages of two and a half and four years old.

States Not Requiring Child Care Centers to Maintain Recommended Staff Levels for Care of Infants



Note: Experts recommend at least 1 staff person for every 4 infants age 6 months. Hawaii currently prohibits infants younger than 2 years in child care centers.

☐ States that allow 3 or 4 infants (age 6 mos.) per staff person

▨ States that allow 5 or 6 infants per staff person

▩ States that allow 7 or more infants per staff person

Source: Children's Defense Fund, 1990

Group Size Limits in Child Care Centers

Key Finding: The size of groups in child care facilities has consistent and pervasive effects on teacher and child behavior, and on children's cognitive development. Yet nearly half of the states have no group size requirements whatsoever, and only eight states impose group size limits that meet recommended levels for all age groups.

Small group size is another critical element in good quality care. 12/ Many studies have shown the benefits derived from small groups--for example, children in smaller groups are more cooperative, engage in more creative play, are more innovative and involved in tasks, and make greater gains on cognitive tests. In addition, a teacher's interaction with the children is enhanced greatly by smaller group size.

Despite the broad consensus among child development experts that small group size is one of the most important factors in the quality of child care programs, nearly half of the states do not regulate group size at all. Furthermore, many of the states that do have group size requirements for child care centers fail to meet recommended levels for ensuring good quality care (Table 6). 13/

- Twenty-two states have no group size requirements for any of six selected age groups.

- When those states that do not regulate group size are combined with those that regulate group size but exceed recommended levels, the result is that more than half (26) of the states do not meet recommended levels for any of the age groups surveyed.

- More than half of the states (29) allow 12 or more infants (age six months) to be cared for in a single group, either because the state sets no limits or because it imposes limits that exceed recommended levels.

- Twenty-three states have no group size requirements for two-year-olds, while another 17 states have limits that exceed recommended levels of eight to 12 children. Nearly two-thirds of the states allow 16 or more two-year-olds to be cared for in a single group.

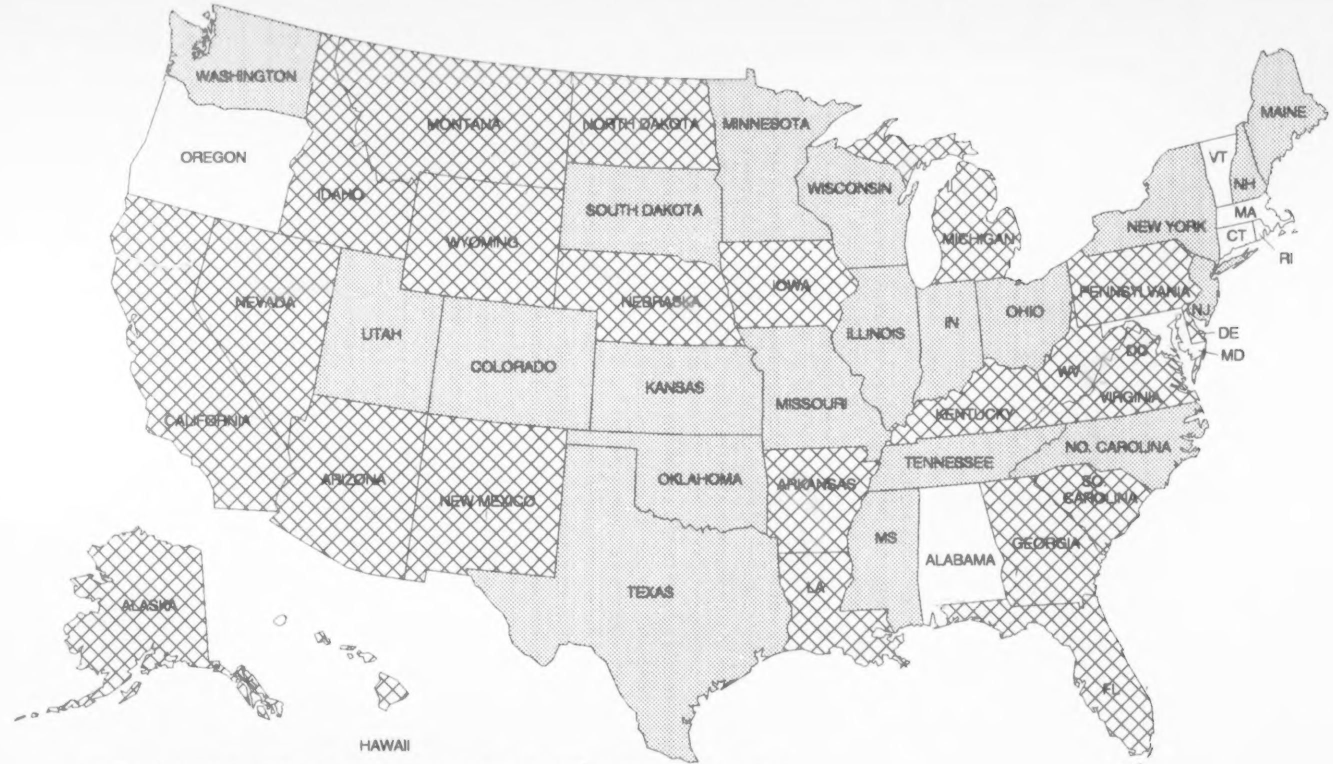
- Some states explicitly allow group sizes for two-year-olds to be as high as 24 (**North Carolina**), 25 (**Utah**), and 35 (**Texas**).

- Twenty-seven states have no group size requirements for three-year-olds, and another six states have limits that exceed the recommended levels of no more than 14 to 20 children.

- Only eight states (**Alabama, Connecticut, the District of Columbia, Maryland, Massachusetts, Oregon, Rhode Island**, and **Vermont**) have group size requirements that meet the recommended levels for all of the age groups surveyed, and another three states (**New Hampshire, New York**, and **Wisconsin**) meet the recommended levels for all but one age group.

There are some indications that states are recognizing the importance of small group sizes to the quality of child care programs. Between mid-1988 and early 1990, **Mississippi** and **New Jersey** added group size requirements. Two other states--**Pennsylvania** and **Hawaii**--hoped to have group size limits in place by late 1990 or 1991.

State Policies for Group Size in Child Care Centers



☐ States meeting recommended group size levels for all selected age groups

▨ States regulating group sizes, but not meeting recommended levels for at least some age groups

☒ States with no limits on group size for any age

Source: Children's Defense Fund, 1990

Child-to-Staff Ratios and Group Size Limits in Family Day Care

Key Finding: Two-thirds of all states allow a single caregiver to care for three or more infants and toddlers in a family day care home. In many states, at least some of the children of family day care providers are not included in these limits, raising actual child-to-staff ratios in family day care homes even higher.

Reasonable child-to-staff ratios or group size limits in family day care homes are essential to good quality care. No matter how well-intentioned a child care provider may be, it is simply impossible for one person to provide a large number of children with the stimulation and attention they need to thrive while also protecting their health and safety. Therefore it is essential that states set mandatory limits on the number of children allowed at any given time in a family day care home. 14/

These limits are especially important in family day care homes, as providers usually have no other adults available to help them cope with emergencies such as a fire or sudden illness. Infants in family day care are particularly vulnerable if the provider is caring for too many children--both because infants need more care and stimulation, and because they must be carried in the event of an emergency.

Too many states, however, allow far too many infants and children to be cared for by one family day care provider. Some states impose no limit on the number of infants that a family day care provider can care for, or set limits too high. Some states do not count the provider's own children in their limits, while others do not count the number of school-age children who are cared for during the hours after school. These policies can result in extraordinarily large numbers of children being cared for by a single person.

These gaps and exemptions in current state standards leave large numbers of children in family day homes without assurances of adequate supervision and good quality care (Table 7):

- Thirty-five states allow three or more infants (younger than two) to be cared for by a single caregiver. Many of these states also allow the same provider to care for additional older children without having to count them toward their maximum limit.

- Thirteen of these states allow five or more infants (younger than two) to be cared for by a single caregiver, sometimes with additional older children. **Arizona, Florida, North Carolina,** and **Oklahoma** allow five infants to be cared for by a single caregiver; **Alabama, Georgia, Idaho, Indiana, Kentucky**, and **South Carolina** allow six infants; and **West**

Virginia allows seven infants. **Mississippi** allows nine infants between the ages of one and two (or five infants younger than one) to be cared for by one provider. Finally, **Louisiana** does not regulate any family day care home serving fewer than eight children.

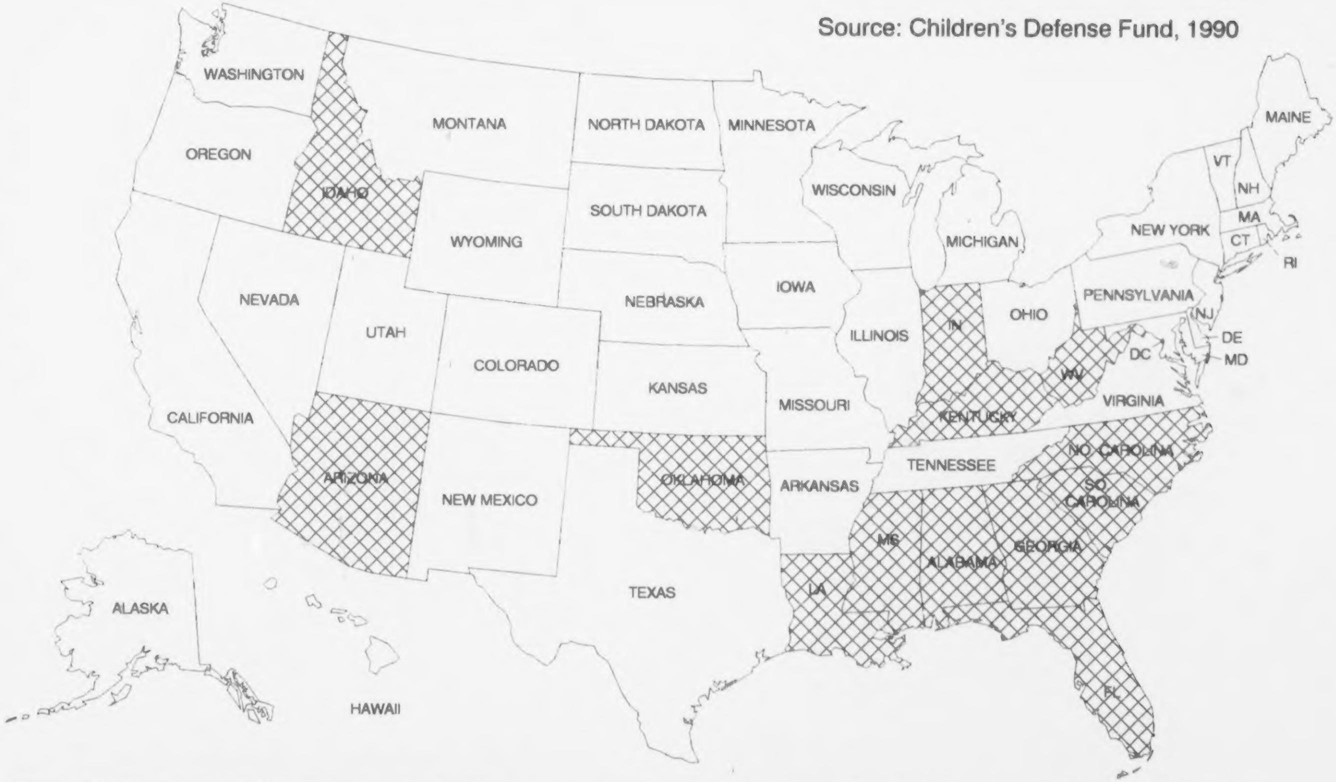
- Only 19 states require family day care providers to count all of their own children younger than eight in meeting the required limit of children. Seven states do not count any of the provider's own children. Another 24 states count only some of the provider's children, often including them only if they are of preschool age.

With almost two-thirds of the states authorizing at least partial exemptions for the provider's own children, effective group size limits in family day care homes continue to be the exception rather than the rule. The combination of extremely high child-to-staff ratios in some states and gaping loopholes in others means that many children in family day care homes currently are not protected by adequate state regulations.

Very few states are strengthening their regulation of group size in family day care homes. One exception, however, is **Virginia,** which recently passed legislation eliminating exemptions for relatives and school-age children in family day care. This change, which takes effect in July 1992, will lower effective group sizes and subject more homes to licensure.

Unfortunately, other states are changing their policies to allow even higher numbers of children to be cared for in family day care homes by allowing additional school-age children to be cared for after school without being counted in maximum group size limits. While this policy allows more providers to care for school-age children (and can have the effect of improving the supply of school-age child care), it can be problematic in states that already allow homes to serve large numbers of children. Care must be taken to ensure that group sizes don't become unmanageable for providers when numerous children are added at the end of the school day. States changing their regulations to allow additional school-age children in 1989 and early 1990 include **Vermont** and **Texas**. **California** is trying a pilot project in two counties to test the effects of this policy change.

States Allowing Five Infants/Toddlers to be Cared for By One Provider in a Family Day Care Home



Source: Children's Defense Fund, 1990

☐ States prohibiting a single family day care provider from caring for 5 children younger than two

▨ States allowing a single family day care provider to care for 5 children younger than two

Staff Training Requirements

Key Finding: Only one-fourth of the states require staff in child care centers to have a minimum number of hours of pre-service and annual training, and a majority of states have no training requirements of any kind for family day care providers.

Staff training is one of the most important determinants of the quality of child care. 15/ Research shows that training in areas such as child development and early childhood education increases the likelihood that caregivers will be effective in promoting the full and healthy development of children. For example, caregivers in both centers and family day care homes are more responsive to the needs of their children if they have received more child-related training.

Research also suggests that teachers who receive at least 15 hours of annual training are more likely to engage in appropriate caregiving and be sensitive to the needs of children. Yet the recent National Child Care Staffing Study found few teachers receive even such minimal training--only one out of four teachers in child care centers had received at least 15 hours of annual in-service training.

Given the direct relationship between quality and teacher training, at least minimal training requirements for child care staff are essential. However, many states still do not have meaningful pre-service or ongoing training requirements for child care providers (Table 8). In some cases, states make no attempt to ensure even minimal training. Other states only require prior experience with children or participation in brief orientation sessions, even though research consistently shows that prior experience with children is a poor way to predict a person's effectiveness as a teacher. Finally, some states have requirements that are too general to be effective, failing to specify either the type of training or the number of hours that providers must acquire.

- Thirty-four states require no in-service or pre-service training for staff in family day care homes. Only five states--**Kentucky, Minnesota, New Jersey, Ohio**, and **Wisconsin**--have both pre-service and in-service requirements for family day care providers.

- Even teachers in child care centers often are not required to have any kind of formal training before they are hired. Only 19 states require specified levels of pre-service training for child care teachers, while another 17 states require some type of orientation or prior experience.

- Requirements for in-service training of teachers in child care centers also vary widely. Twelve states have no in-service training requirements, and another eight states do not require any specific level of coursework or training. The minimum training required in the remaining 31 states ranges from three to 40 hours per year.

- Four states--**Idaho, Missouri, Mississippi,** and **South Carolina**--have no training or experience requirements of any sort for either teachers in centers or family day care providers. Consequently, families in these states have no guarantee that the individuals who care for their children have any previous experience or training with children, and no assurance that they will acquire such training.

- Only 14 states have both pre-service and in-service training requirements for teachers in child care centers. Of these, 11 states specify the level or type of pre-service and in-service training that providers must receive. However, in some cases, the levels of training that are required are minimal--for example, **Georgia** only requires staff in child care centers to obtain in-service training once every three years.

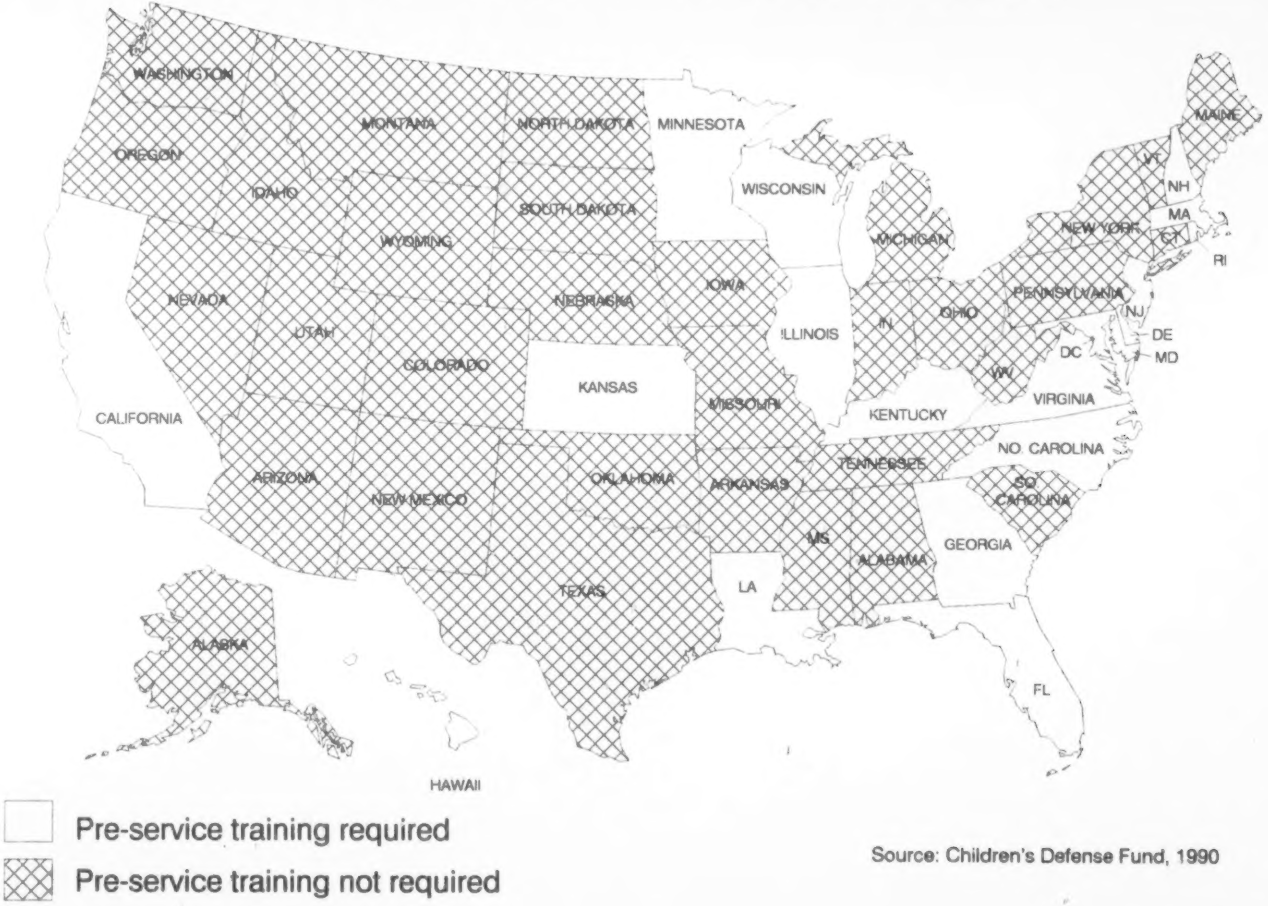
- Only three states--**Kentucky, Minnesota,** and **Wisconsin**--require specific levels of pre-service and in-service training for child care teachers and family day home providers, and specify the level of training that providers must receive in each area. **New Jersey** has specific pre-service and in-service training requirements for family day care providers as well as pre-service requirements for teachers in centers, although the state does not specify the amount of in-service training that teachers in child care centers must receive.

States increasingly are recognizing the importance of training in improving the quality of child care. Eleven states--**Alabama, Arkansas, Delaware, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, New Jersey, Oregon,** and **Vermont**--passed or implemented new requirements for staff training or qualifications, or strengthened existing requirements, between mid-1988 and early 1990. **Texas** has new training requirements for registered family day care home providers as of July 1990, and several other states--including **Pennsylvania, Tennessee** and **Wyoming**--are revising their regulations and hope to improve their training requirements.

Massachusetts has launched a particularly innovative effort to improve and encourage training. The state has begun to issue "certificates of qualification" to individual staff members specifying the level of position (such as aide, teacher, or director) they are qualified to fill. This program makes it easier for licensing staff and program directors to verify the qualifications of staff and provides increased incentives for child care staff to acquire additional training. It also creates more structured career ladders for child care staff and contributes to the professionalization of the child care field.

Of course, pre-service and ongoing training requirements are only part of the answer in promoting adequate staff qualifications. States also must assist providers to meet these requirements, ensuring that they have the opportunity to participate in training and offering the financial assistance they need (see Part IV).

States Not Requiring Any Pre-Service Training for Teachers in Child Care Centers



Source: Children's Defense Fund, 1990

Developing Categorical Standards for Different Types of Care

Key Finding: Several states have recognized that their general child care regulations may not always be appropriate for child care facilities that serve special populations of children, and are developing separate regulations to respond to the specific circumstances facing these programs.

Many states are recognizing that different licensing requirements may be needed for different types of child care programs. Some of the most common types of separate regulations currently established by states include standards for programs serving sick children, large programs operating out of the provider's home (also known as group day care homes), and programs serving children with special needs or disabled children.

In 1989 and early 1990, for example, several states developed or piloted separate regulations for child care facilities that care for sick children. These include **Iowa, Massachusetts, Michigan, Nevada,** and **New Jersey**. **Missouri** is working on rules for these facilities, and **Delaware** revised its regulations for sick child care in centers and developed regulations for sick child care in family day care homes. Several other states--including **Alabama, Arizona, Illinois,** and **South Dakota**--have developed separate regulations for group day care homes.

Utah has taken an interesting approach to the development of these types of "categorical" standards. The state is in the final stages of writing new standards based on what it calls a "Core-Categorical" approach. This approach uses a set of core standards that are common to all facilities, no matter whom they serve. These core standards then are supplemented by additional categorical standards, which are specific to the type of care being offered--for example, sick child care, center care, special needs care, infant care, or school-age child care. Facilities must comply with all core standards, as well as with any of the relevant categorical standards. Utah has used this approach with other human service regulation efforts, and has found that it improves program quality and regulatory efficiency, and has allowed them to make sure that standards address particular issues more efficiently. It is also much more responsive to the needs of providers, as they only have to meet those categorical standards that are appropriate for the children they serve.

PART III

STATE MONITORING AND ENFORCEMENT EFFORTS

Even the most comprehensive state regulations designed to protect children are meaningless if the state fails to ensure that child care programs and providers adhere to those rules. States must ensure that they have enough staff members to enforce their regulations, that enforcement staff members are well trained, and that they have clear procedures for assuring that child care programs comply with state regulations. For example, regular visits and inspections are essential to determine whether child care programs are complying with regulations and whether children are safe and protected. Equally essential are policies that ensure thorough and swift responses to complaints, and specify enforcement procedures to be followed when problems occur.

Staffing of State Licensing and Enforcement Agencies

> **Key Finding:** Many states have too few enforcement staff members to monitor and protect children in child care. As a result, increasing numbers of children are at risk of receiving substandard and potentially dangerous care.

State protections for children in child care are only as strong as the staffs that are responsible for enforcing them. Consequently, adequate investment in state licensing and enforcement staff is crucial to the effectiveness of state child care regulatory systems.

In particular, states must have sufficient staff to conduct inspections, monitor program compliance, respond to complaints, help providers understand and meet requirements, pursue violations, and complete necessary paperwork. While the optimal workload for enforcement staff varies according to the state's inspection policies, size, and population density, experts have developed formulas that states can use to determine appropriate caseload levels. 16/

States also must ensure that their enforcement personnel are well trained. Without adequate training, inspectors are often unable to do their jobs effectively or efficiently. They are more likely either to overlook critical problems (such as signs of child abuse) or to place undue emphasis on relatively minor problems. Initial and ongoing training activities should encompass such areas as licensing rules and regulations (including the rights of licensees), health and safety issues, child development, child abuse detection and prevention, and program management.

Despite the clear need for investment in adequate numbers of well-trained enforcement staff, many states do not have sufficient staff with enough training to enforce state requirements. The National Research Council, for example, notes that licensing personnel "are often overburdened and poorly trained. Although there has been a rapid increase in the number of licensed programs, there has not been an analogous increase in licensing staff." A national survey conducted by the Office of the Inspector General of the U.S. Department of Health and Human Services (HHS) released in March 1990 reinforced these concerns, documenting that the average workload for licensing inspectors who inspect child care centers was almost twice recommended levels and that two of every three licensing staff surveyed felt they did not have enough time to prepare for and perform inspections.

The responses of state officials to the CDF survey confirm the seriousness of these staffing shortages:

- In response to general questions regarding their greatest worries, more than one-third (18) of all state licensing officials said they were finding it difficult, and in many cases impossible, to monitor and protect children in child care adequately because they do not have enough enforcement staff. Additional state officials may have cited similar concerns had they been asked specific questions about the adequacy of their enforcement staff, while others may be reluctant to acknowledge such problems.

- These states include **Alaska, Arizona, Delaware, Georgia, Kansas, Massachusetts, Michigan, Missouri, New Hampshire, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Utah, Vermont**, and **West Virginia**--plus one state that requested to remain anonymous. Of these, Delaware, North Carolina, and Utah have taken some steps to address this problem by adding additional staff, although Delaware and Utah are still concerned about their inadequate staffing.

- Sixteen of these 18 states have been forced to scale back their monitoring efforts due to staffing shortages, and several noted that they are no longer able to conduct the amount of monitoring required by state law. Many of these state officials expressed concern about the consequences of reduced monitoring, fearing they may be less able to detect problems before they result in harm to children. For example, officials in **Michigan** are concerned that the reductions in their monitoring efforts due to inadequate funding could result in death or serious injury to children in child care.

- Some states mentioned that they were finding it difficult to provide adequate training to their enforcement staff because of excessive workloads and inadequate funds.

- Several states noted a rapid increase in the number of licensed and regulated facilities--particularly in recent years--and stressed that there had been no commensurate increase in funding for enforcement efforts. Research suggests that the number of licensed and registered child care programs nationally has more than doubled during the past decade.

Some specific examples of the difficulties these states are facing include:

- **Delaware, Georgia, Missouri**, and **Oklahoma** have been forced to reduce their monitoring activities because of inadequate staffing although Delaware recently added additional staff. Delaware has delayed and scaled back other licensing responsibilities in order to conduct complaint inspections. Georgia decreased the number of monitoring/supervisory visits it conducts, while Missouri has reduced visits to child care programs and is anticipating further reductions.

Finally, Oklahoma reduced the number of unannounced visits per center or home because of lack of staff.

- **New Hampshire** has only seven licensing staff to cover more than 1,100 licensed facilities, plus another 30 residential child care facilities. The state estimates that it is able to conduct only half of the inspections and monitoring mandated by statute.

- **Michigan** and **Tennessee** both have been forced to scale back their monitoring efforts and to target them to programs that pose the greatest risks. For example, even though Michigan law requires the state to conduct annual visits of all child care centers, enforcement staff only have been able to inspect programs serving high-risk groups such as infants, toddlers, or migrant children. They also conduct very few visits to family day care homes, even though they are required to visit 10 percent of these programs each year.

- **Alaska** has only 63 percent of the staff needed to meet recommended caseload levels. Consequently, the state also has reduced its monitoring of child care facilities steadily, particularly for family day care homes. The size and rural nature of the state poses additional problems in maintaining adequate enforcement efforts.

- Several states, including **Pennsylvania, Kansas**, and **Ohio**, noted that the rapid increase in the number of facilities, with no commensurate increase in staff, has strained their ability to protect children in child care. Pennsylvania has had difficulty responding to the large increase in the number of child care programs in the state, and has scaled back low-priority enforcement activities to cope with the increase in demand. Ohio noted that the continued growth of child care programs has strained its ability to continue its monitoring activities and respond to the requests for technical assistance from prospective day care providers.

- In 1989, state licensing officials in **North Carolina** reported that they were unable to keep up with the growing number of complaints about child abuse and neglect, although they have added staff to try to address these problems. For example, although state law required visits within seven days of receipt of a complaint, state officials reported that it was taking them almost a month (on average) to visit a facility. (The percentage of abuse and neglect reports confirmed by the state remained steady at 25 to 30 percent, even as the number of complaints increased.)

- **Massachusetts** has cut the number of licensing staff available to register and inspect new family day care homes, monitor compliance, investigate complaints, and renew certificates by 20 percent despite a 15 percent increase in the number of regulated family day care providers.

Consequently, the state is extending the length of time between renewals of family day care certificates from two to three years.

- **West Virginia** abandoned its system of regular inspections for family day care homes, adopting a policy of self-certification and only inspecting family day care homes upon initial application rather than every year because of the state's overtaxed licensing staff.

Some states have, however, recognized the problems of inadequate staffing and the resulting risks faced by children in child care, and have increased their investments in enforcement staff. States' efforts toward progress include:

- **Illinois** significantly increased the size of its licensing staff in recent years in an attempt to bring all staff workloads to recommended levels. Licensing staffs were expanded by more than 50 percent, enabling the state to conduct annual inspection visits and more of the unannounced monitoring visits that are essential to maintain quality.

- **Washington** State recently added 16 new licensing and support staff to improve enforcement efforts while also creating three new positions to promote coordination between state and regional licensing inspectors.

- **Delaware** provided funding for three new licensing staff, a step that will help the state cope with the ever-expanding number of licensed facilities. The licensing agency in **Utah** received two additional staff members to license and monitor child care centers, although the state is still very concerned about its inadequate staffing to monitor family day care homes.

- A few states indicated that they are using federal funds under the federal Family Support Act (FSA) to address some of their problems of understaffing. For example, **Texas** is hiring 14 new inspectors to implement its new policy of inspecting registered family day care homes with funds from FSA. **Alaska** also has used FSA funds to support a position for family day care recruitment and licensing.

- **Pennsylvania** recently identified a number of areas where inspectors need additional training, and are revising training manuals to address these problems. **Maryland** also is developing a new compliance manual and new training procedures for its inspectors.

Inspections and Visits to Ensure Compliance

Key Finding: State inspections of child care programs, and in particular family day care homes, often are far too infrequent to ensure compliance with licensing requirements.

If state child care regulations are to be effective in protecting children, it is essential that state licensing inspectors periodically visit child care programs to ensure they are complying with state requirements and detect any real or potential problems. Specifically, states should:

- Inspect new facilities before they are allowed to care for children; and
- Conduct periodic visits, including some unannounced visits, to ensure continued compliance with state regulations.

Yet the HHS survey of state enforcement efforts concluded that, despite the fact that "frequent visits are [the] best way to ensure compliance,...only a portion of facilities are monitored regularly." This problem is particularly evident for family day care homes. Specific HHS findings include:

- Only 21 states responded that they inspect all family day care homes annually. Fifteen states inspect only a sample of homes each year (with samples ranging from 10 to 50 percent), while seven states only inspect homes in response to complaints.
- The HHS survey estimated that fewer than half of all licensed or registered family day care homes (71,000 out of 163,078) were inspected in 1988.
- Child care providers interviewed generally supported state regulation and inspections. One provider summed up the prevailing views by noting that "unless someone visits, there's not much point to having rules."

State responses to the CDF survey reported elsewhere in this report reinforce these findings from the HHS study. For example, almost half of the states do not subject family day care homes serving five unrelated children to regulation including periodic inspections, and more than one-third of the states are having difficulty conducting monitoring visits and enforcing their laws because of insufficient staff.

Thus, even in states that maintain formal policies regarding inspection visits, these policies may provide "best case" scenarios only, and may not reflect actual state practice. Although many state enforcement agencies are struggling to continue to protect children in child care, they often have neither the staff nor the funds to do so.

Despite the problems noted above, a few states were able to improve their visiting policies in FY 1989 and early 1990.

- **Minnesota** began conducting unannounced licensing reviews. **Virginia** instituted a new requirement of annual unannounced monitoring visits for every licensed facility and shortened the period between license renewals.

- **Texas** is implementing a new requirement to visit a random sample of 20 percent of registered family day care homes each year. **Montana** recently passed legislation requiring annual unannounced visits to child care centers and increasing the proportion of registered family day care homes that must be inspected annually from 15 percent to 20 percent.

A few states also have recognized the importance of easing or avoiding excessive burdens that inspections may impose on providers. If a provider must be inspected by several different agencies, such as the state licensing agency, the health department, and the fire department, and particularly if the requirements of these different agencies are inconsistent or contradictory, cooperation with state licensing efforts can suffer greatly. For this reason, it is essential that states coordinate the inspection, monitoring, and enforcement of all applicable codes to ensure that these activities are conducted efficiently, as well as to minimize red tape and unnecessary barriers to services. **Vermont** has responded to this problem by requiring that applicants for a new license be visited by a "team" of inspectors including inspectors for child care licensing, fire prevention, and environmental issues (such as water and septic systems). The licensing inspector is the convener of this initial meeting.

Finally, it is important to note that, in the absence of adequate numbers of staff, otherwise sound licensing and enforcement policies can become impediments to the maintenance or expansion of the supply of child care programs within the state. Until recently, for example, family day care homes in New York State were required to be licensed. However, due to the lack of sufficient staff to inspect homes prior to licensure, a significant number of providers were forced either to close down or operate illegally. If a state requires an initial inspection before providers can operate legally, the state must invest in the inspectors needed to conduct such inspections.

State Policies Regarding Investigation of Complaints

Key Finding: Eight states fail to react to potential threats to children by responding to all complaints they receive regarding child care centers and family day care homes.

An effective system of protecting children in child care must respond quickly to complaints, especially when they suggest serious threats to the health and safety of children. Without quick responses, facilities suspected of violating state requirements will continue to operate. Most importantly, children at these facilities will continue to be at risk of receiving substandard, dangerous, or even life-threatening care.

To maintain a strong and effective enforcement system, complaint policies should include two key components:

- States should respond to all relevant complaints, regardless of whether that complaint is from an anonymous or identified source.
- States should respond quickly with unannounced visits to complaints involving allegations of serious threats to children's health and safety.

The CDF survey found that most states have formal policies that require state licensing officials to respond to complaints, although information regarding the immediacy of state investigations was not collected. However, an alarming number of states reported significant limitations on their ability or willingness to respond to complaints regarding child care programs:

- Eight states do not respond to all complaints they receive.
- Five of these states--**Alabama, Idaho, Indiana, Maine**, and **Montana**--reported that they are not able to respond to all complaints for either licensed centers or licensed/registered family day care homes, although Idaho and Indiana do respond to those complaints involving child abuse and neglect. In addition, **Kansas** responds to all complaints regarding regulated programs, but is unable to respond to complaints about unregulated care.
- Five states respond differently to complaints that are anonymous. **Nebraska** does not respond at all if the complaint is anonymous, while **Idaho** and **Illinois** consider the severity of the allegations in determining whether to respond. **Colorado** and **Tennessee** reported that they respond less promptly in some cases if the complaint is anonymous.

- Some other states noted that the need to respond to complaints interferes with other essential licensing activities. For example, lack of adequate enforcement staff in **Delaware** has forced the state to reduce or postpone other licensing tasks in order to respond to all complaints.

- Finally, some states do not respond to all complaints with a visit to the facility. For example, **Colorado** and **New York** reported that they respond to all complaints, but in some cases by letter or phone rather than on-site inspections. **Oregon** also responds to some complaints regarding family day care homes by letter. While some complaints may not require a visit by enforcement staff, the lack of a follow-up visit can lessen the likelihood of compliance.

A few states adopted improvements in their policies regarding complaints between the summer of 1988 and early 1990:

- **Maryland** implemented a new complaints procedure in which the state is required to respond within three days to complaints by conducting an unannounced visit--regardless of whether the complainant is anonymous or known.

- **Pennsylvania** has made investigation of complaints about licensed and unlicensed facilities its top priority in enforcement. **Virginia** passed legislation requiring the establishment of a complaint "hotline." **Utah** implemented a new policy of responding to all complaints.

- **Connecticut** passed legislation designed to guarantee confidentiality to individuals reporting complaints against family day care homes, group day care homes, and child care facilities.

A number of state licensing officials noted the difficulty and importance of coordinating with other relevant state agencies in responding to complaints. Such problems are particularly common in cases of alleged abuse and neglect, which often involve child protective service agencies and law enforcement officials.

The seriousness of this problem was illustrated by a recent situation in **New Hampshire**, where a child abuse complaint had been received by the attorney general's office and the licensing agency had difficulty getting access to the relevant information about the child care facility. When the licensing staff finally gained access to this information and examined the facility, the license was revoked. However, children were placed at unnecessary risk in the interim because of the delay in releasing information regarding the complaint. Because of this incident and others, New Hampshire is considering legislation to require information sharing between the law enforcement, child protective services, and licensing agencies.

Several states mentioned strategies they had developed to deal with this particular problem. Some have improved the training and skills of their own licensing staff with regards to complaints of abuse and neglect, while others have focused on improving coordination between state agencies:

- **Maine** has a unit of investigators from the licensing division that handles complaints of abuse and neglect in licensed facilities, and the overflow of referrals is handled by child protective services caseworkers. The licensing investigators are trained in both child protection and other licensing issues. **Texas** has specialized complaint investigators and no longer relies on child protective services staff to investigate complaints of abuse and neglect in child care facilities.

- **New York** has a new policy whereby the licensing staff independently investigate abuse and neglect complaints, rather than waiting for the child protective services investigation. This decision was made because the protective services staff was looking primarily for the most serious cases of abuse (such as death and disfigurement), while the child care regulations had a broader definition (children cannot be subject to frightening or degrading experiences, or to corporal punishment). The licensing agency in **New Hampshire** also conducts its own investigations for similar reasons.

- **North Carolina** has a special abuse and neglect unit in its child care licensing agency that investigates all complaints involving abuse and neglect. These investigations are coordinated with county departments of social services (which are responsible for child protective services), and investigators in this unit have no other duties. **South Dakota** relies upon joint inspections by staff from child protective services and child care licensing agencies to combine the two areas of expertise.

- The licensing agency in **Delaware** has hired a staff person specifically to investigate complaints of child abuse and neglect. This staff person is responsible for coordinating the efforts of the licensing agency, law enforcement agencies, and the district attorney's office.

Sanctions in Response to Substantiated Noncompliance

Key Finding: While many states have policies that allow licensing agencies to impose sanctions on facilities that are not in compliance with state regulations, these sanctions often are difficult to implement and enforce.

To have a strong enforcement system, states must have a system of effective sanctions to ensure that child care facilities violating state requirements are brought into compliance. These sanctions must be appropriate in light of the severity of the problem, and responsive to the rights of parents and providers. For example, violations that present a serious threat to children must result in sanctions that immediately protect children--such as revoking or denying licenses or securing temporary restraining orders to close dangerous child care facilities. Less serious violations can be addressed with less drastic sanctions such as warnings, changing the terms of the license (perhaps lowering the number of children who can be served, either temporarily or permanently), issuing provisional or probationary licenses, or levying fines. Such intermediate sanctions are essential, both because it is more fair to providers and because it is more effective--inspectors who only have recourse to drastic sanctions such as license revocation are less likely to use these sanctions (and therefore less likely to take any action) to discourage less serious but still important violations.

While relatively little is known about the range of sanctions used by the states, or their efficacy, some information is available from the HHS survey:

- All but one state licensing agency had the power to deny a license. However, only half of such state agencies have the power to suspend a license, and officials in only five states have the power to issue administrative closure orders.

- On the other hand, 39 state agencies can issue conditional, provisional, or temporary licenses to programs that are not responding to other enforcement efforts. Most states used this sanction after trying a number of other, less drastic measures.

- Almost half of the state agencies have the power to invoke civil penalties or to impose fines on child care programs.

However, the HHS and CDF surveys also found that many states have difficulty implementing these sanctions, because either they do not have the legal authority, the sanctions are too cumbersome to implement, or the effect is unclear.

- The HHS survey found that legal sanctions are time-consuming and difficult to enforce, even in cases of imminent danger. In part, this is because few state licensing agencies have their own staff attorneys to take legal action against serious violators, and consequently must rely on other agencies for prosecution authority. These other agencies, which can range from the state attorney general's office to local sheriff departments, are often unwilling or unable to prosecute child care regulation violators unless they pose immediate threats to children. **Pennsylvania** has addressed this problem by hiring an enforcement specialist who handles sanctions and acts as a liaison between regional child care enforcement staff and state legal officials.

- States responding to the CDF survey also noted these problems. For example, one state (which asked to remain anonymous) said it was having difficulty penalizing smaller unlicensed facilities because the district attorney was not interested in prosecuting such cases.

- A number of states responding to the CDF survey were concerned about the effectiveness of fines as a way of pushing facilities to come into compliance with state regulations. Some states feel that fines can be effective if they are substantial enough to have an impact. Other states are concerned about increasing the costs faced by programs that are out of compliance, recognizing that they often do not have enough money to make improvements and fines only exacerbate that problem.

- The HHS survey found fines are rarely used in states that have authority to levy them, largely because they are difficult to levy. Some states require court approval, while others require daily inspection and documentation. Collecting fines also can be difficult, and in some cases fines can be overturned or reduced on appeal.

- The HHS study estimated that sanctions were levied against fewer than 1 percent of all licensed, registered, or certified child care facilities in 1988. While most states eventually can close facilities with serious violations, in 1988 only 347 facilities were closed in the 21 states that provided such information to HHS.

The CDF survey found that a number of states were working to develop intermediate sanctions and some were experimenting with interesting approaches in 1989 and early 1990:

- Several states--including **Arkansas, the District of Columbia, Kansas, Montana, New York,** and **North Carolina**--developed rules or policies for fines to be assessed for noncompliance, or expanded their previous policies to cover additional types of facilities.

- **Massachusetts** has promulgated regulations that create a system of fines and other sanctions that may be imposed on child care centers and family day care homes that repeatedly fail to comply with licensing standards. These include a freeze on intake, reductions in enrollments, or requirements that facilities hire consultants or additional staff.

- **Tennessee** has developed a policy to put providers "on notice," which formally notifies the provider of the violation and signifies that the provider has 30 days to remedy the problem before the license is revoked.

- **Connecticut** is making increasing use of negotiated consent agreements as an intermediate enforcement tool. Under this approach, facilities that are found in violation are able to negotiate a consent agreement with the state, under which they agree to pay a fine, in some cases to go on probation, and to come into compliance with state regulations. As long as the facility fulfills its side of the agreement, the state will agree to settle without revoking the facility's license (in the case of serial violations) or beginning other enforcement proceedings that can be costly and time-consuming for the state and for the facility.

- **Arizona** is in the first year of a new statutory policy of intermediate sanctions, although it appears that these sanctions are not being implemented because they are more cumbersome than closing down the facilities. **Maryland** also is developing new intermediate sanctions in its regulations.

PART IV

STATE STRATEGIES TO HELP PROVIDERS IMPROVE THE QUALITY OF THEIR PROGRAMS

While state regulatory policies should provide an essential floor or baseline of quality below which no child care program should be allowed to fall, state governments also have a responsibility to help child care providers meet and exceed these minimum protections. Salary enhancement efforts, training initiatives, targeted grant and loan programs, and other incentives to help providers improve their programs all can play important roles in bolstering the quality of child care and strengthening states' ability to protect and promote children's full and healthy development. [In addition to these efforts, states must pay reimbursement rates (for all care that is subsidized by the state) that covers the full cost of care.] It is particularly important that states focus their assistance on providers that serve predominantly low- and moderate-income children, as these providers are the least able to raise the funds for quality improvements by increasing parental fees.

Salary Enhancement Efforts

Key Finding: Despite the fact that low salaries among child care staff are creating a crisis in the quality and supply of child care, more than two-thirds of the states failed to take steps to address this problem in 1989.

Salaries for child care staff are shockingly low--in many areas of the country, child care staff earn less than fast food workers. These low wages, when combined with inadequate or nonexistent fringe benefits and difficult working conditions, have led to appallingly high turnover rates among child care staff. The National Child Care Staffing Study (NCCSS) found that the annual turnover rates for child care workers have nearly tripled during the past decade, jumping from 15 percent in 1977 to 41 percent in 1988. (For more details about the salary crisis, see the Appendix.)

Providers from all regions are reporting difficulty in finding and retaining qualified staff, preventing some facilities from expanding and causing others to close down. In the process, children also suffer. Research has demonstrated that high staff turnover has detrimental effects on the quality of child care, impeding the development of strong bonds and trust between children and their caregivers while also increasing the likelihood that providers will be forced to hire untrained or inexperienced staff.

Providers face a difficult dilemma. To provide good quality care, they must be able to attract and retain qualified staff. To attract and retain qualified staff, providers often must raise salaries and improve working conditions. To raise salaries, however, providers either have to raise additional revenues or reallocate funds toward salaries. Furthermore, the primary revenue source for most providers is parental fees, forcing many providers to choose between raising fees or paying their staff low wages.

While raising parental fees is a reasonable, albeit difficult, option for some providers, it is often impossible for providers serving low- and moderate-income families. These providers cannot raise their fees because the families they serve already are having difficulty paying for care. Raising fees will force many of these families to another, less costly (and probably lower quality) program, or, in the extreme, may force parents to withdraw from the labor force. For this reason, providers serving low- and moderate-income families must have access to a stable source of additional revenue other than parental fees in order to raise staff salaries.

The effectiveness of state approaches to improve salaries of child care staff depends in large part on the extent to which they are focused directly on that goal. Direct funding to a targeted group of providers for salary improvements can stimulate substantial salary increases and reduced turnover rates. 17/ Less direct strategies can help relieve financial pressures on providers, but their impact on salary levels and staff turnover is less clear. For example, several states have increased reimbursement rates for providers of subsidized services without earmarking these increases for salaries. Others have offered technical assistance to help providers raise their revenues, improve their financial management, and reallocate their resources toward salaries. Yet except in the case of family day care providers, where higher reimbursement rates directly raise their effective salaries, there is no guarantee that the additional resources provided through such indirect strategies will be devoted to salary enhancements for child care staff.

Despite the urgent need for action to improve salary levels among child care providers, the CDF survey found that relatively few states have taken steps to address the salary crisis:

- Thirty-five states were making no attempt to improve child care salaries in 1989.
- Among 16 states that indicated they were trying to improve salaries in 1989, the scope and potential effectiveness of their strategies varied widely. Only eight of these states--**Alaska, Maine, Massachusetts, Minnesota, New Hampshire, New York, Pennsylvania**, and **Washington**--had strategies that were focused directly on salary improvement. Their investments ranged from about $200,000 in New Hampshire to roughly $12 million in New York.
- Another eight states--**Delaware, the District of Columbia, Florida, Michigan, Nebraska, New Jersey, New Mexico,** and **Utah**--took a somewhat less direct approach to raising salaries, increasing the reimbursement rates they paid to providers who accept children whose care is subsidized by the state. These increases were designed to give additional resources to child care providers, at least in part with the hope that these resources would be used for salary enhancement.

State Models for Increasing Salaries Directly

The direct salary initiatives mounted in eight states reflect an interesting range of approaches. Their efforts differ substantially in size and scope, some being quite ambitious, while others are relatively modest. In addition, states differ on whether they limit the funds for salary improvements to those programs receiving state subsidy and whether they provide assurances of continuing support. Each of these issues can affect the impact and effectiveness of the strategies employed. (See discussion on issues to consider in designing salary enhancement strategies at the end of this section.)

Most of the state strategies described above limit eligibility to staff members in programs that receive state funds through the subsidized care system, and some further limit the funds to providers that are part of a contracted system (as opposed to voucher or vendor/voucher programs). These states tend to use the subsidized child care system as their method for disbursing funds. Other states limit their efforts to more targeted groups of providers--for example, to Head Start staff (see New Hampshire) or subsidized child care workers that deal with special populations (see Washington). On the other hand, a few states (such as Alaska and New York) extend the eligibility of their salary initiatives beyond the subsidized child care programs by creating separate grant programs.

In 1989, state initiatives included:

- **Alaska's** "Quality Enhancement Grant Program," which began in 1981, was designed to improve the quality of care for low-income children. Alaska devoted $2.4 million to this effort in 1989, a one-third increase over the previous year. The state provides grants of $25 per enrolled child to providers who are willing to serve subsidized children, and these funds can be used to improve quality in a number of ways. While not tied to salaries, the state reports that 90 percent of the funds are spent to improve compensation.

- **New York** established a salary enhancement grant program funded at $12 million for calendar year 1989. Grants were awarded to licensed not-for-profit child care centers (including Head Start) for the explicit purpose of enhancing staff salaries and benefits. An evaluation of the program found that--where implemented fully--it resulted in decreased turnover rates and higher salaries. However, some programs used the funds for one-time bonuses rather than permanent salary increases out of concern that these state grants would be discontinued, leaving child care programs with salary structures they could not support. This program was changed in FY 1991. 18/

- **Massachusetts** launched a $4.2 million effort in 1986 to improve the salaries of child care providers in programs that had contracts with the state. These funds were distributed through increases in the state's reimbursement rates, and became part of the base rate for the program for the following fiscal year. The state continued to increase the program by comparable amounts through FY 1988. However, following an increase of only $2.9 million in FY 1989, no funds were allocated to continue this effort in FY 1990. In addition to these salary efforts, Massachusetts allocated $4 million in FY 1989 and another $4.1 million in FY 1990 to improve the salaries of Head Start staff.

- Until 1990 **Minnesota** used the reimbursement system for subsidized care as a funding mechanism to provide incentives for salary improvements for providers that serve subsidized children. The state increased the reimbursement rate to between 110 and 125 percent of the median rate for the county _if_ the provider's wages for teachers, assistants, and aides exceeded 110 percent of the average wage of child care providers in the county. The state has encountered some problems in implementing this promising approach, stemming in part from a lack of good data on average wages at the county level and in part from loopholes in the legislation. Consequently, this policy was repealed in FY 1990. _19_/

- In 1989 **Pennsylvania** earmarked $2 million to increase salaries for staffs in centers serving children whose care is subsidized by the state. Increased reimbursement rates were made available only to programs that could demonstrate that they were using these funds for increased compensation --the state estimates that the initiative reached roughly three-fourths of all contracted providers of subsidized care. However, this funding level only allowed the state to increase reimbursement rates by 2.6 percent. Due to the small size of the increase (roughly $0.13 per hour for teachers earning $5 per hour) and uncertainty regarding future state support, most providers chose to enhance staff compensation through one-time bonuses rather than permanent salary increases.

- **Maine** legislated a series of salary increases totaling roughly 15 percent between 1987 and 1989. Funds were limited to direct service staff in programs that had subsidized care contracts with the state. These increases, based on the amount of funds provided for salaries in the program's contract with the state, cost the state a total of about $800,000. The salary initiative did not extend to providers participating in voucher programs, and did not increase the state's basic reimbursement rate for subsidized care.

- **Washington** State instituted a requirement that all specialized contractors who receive state subsidies to serve migrant children or children needing therapeutic child care must pay their staffs a minimum wage of $5.15 per hour. While this initiative has improved the minimum wages of entry-level workers in such programs, state officials are concerned that this policy may discourage providers from mixing these children with children who do not receive state subsidies, thereby creating a segregated system.

Furthermore, because the initiative did not address the wages of providers above entry level, staff earning only slightly more than the new minimum wage did not receive salary increases.

- **New Hampshire** allocated $217,000 to improve the salaries of Head Start staff in FY 1989.

Unfortunately no state has sought as yet to link salary enhancement efforts with efforts to improve the training of child care staff. Such links are essential to build stronger incentives for child care workers to obtain additional training, and to stimulate the development of career ladders and the professionalization of the field. While the strategies described above overlook these opportunities, policymakers in Manitoba, Canada have developed a strategy that pulls these two important issues together (see Appendix).

State Approaches That May Affect Salary Levels Indirectly

Increasing reimbursement rates are essential to ensure that providers are willing and able to serve low-income children, and that low-income families have access to good quality and affordable care. However, except in the case of family day care homes, it is less clear if these efforts result specifically in salary improvements for child care staff. Nonetheless, the following states cited steps to increase reimbursement rates as at least in part an effort to improve salaries:

- **Delaware** implemented an across-the-board rate increase in FY 1990 for all child care facilities in an attempt to increase salaries. **Florida** also raised reimbursement rates in hopes of improving child care salaries.

- The **District of Columbia** increased preschool reimbursement rates by $3.00 per day, infant rates by $2.50, school-age rates by $1.25, and family day care reimbursement rates by $1.50. The intent of these increases was to improve staff salaries.

- **Nebraska** approved a $1.4 million increase in reimbursements for providers receiving funds through the state subsidized child care program. These funds were to increase payments to providers by 20 percent, retroactive to July 1, 1989. While not earmarked for salaries, the intent was to ease financial strains on providers and to improve salaries.

- **New Jersey** allocated $2 million in 1989 to equalize reimbursement rates and provide a 3 percent cost-of-living increase in all rates. A small portion of these funds also was devoted to efforts to improve salaries in Head Start-like programs.

- Other states increased their reimbursement rates, at least partially in the hopes of improving salaries. **Utah**, for example, increased its reimbursements for infants (from $7.95 to $9.00 per day for family day care homes and $11.00 per day for child care centers). **New Mexico** also increased its reimbursement rates (by $0.75 per day) in FY 1989. **Michigan** increased reimbursement rates by 2 percent with the intention of improving salaries.

(For further details on strategies to directly improve salaries used by programs, cities, and states, see publications of the Child Care Employee Project [CCEP] listed in the Bibliography.)

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Issues to Consider in Designing Salary Enhancement Strategies

1. Salary strategies must be based on a stable source of funding to have the maximum impact.

Salaries are a major part of the operating costs of child care programs, and providers are unlikely to increase salaries in response to state initiatives unless they have some assurance that supplemental support will continue. Consequently, state strategies that do not provide such assurances are less likely to be effective at improving salaries. In New York and Pennsylvania, for example, a number of programs decided to use new state funds for one-time bonuses rather than permanent salary increases because they feared they would be unable to pay the higher salaries if the state funds were to disappear. These examples illustrate the fact that state efforts, to be successful, must involve a significant commitment to long-term funding. Massachusetts' approach, for example, provides some measure of security by building the funding increases into the reimbursement rate structure.

2. Salary strategies should be designed to encourage professional development and to strengthen career ladders.

To improve the quality of care, it is important that salary strategies be designed in ways that link salaries to specific qualifications and specific job responsibilities. If these components are included in the design of the salary policy, they can have the effect of creating or strengthening career ladders within the child care field. If these issues are ignored, they can distort current wage structures and unjustly penalize more experienced workers within the system.

The few states that have developed salary strategies have wrestled with the decision as to whicn types of staff and providers are eligible for salary increases--for example, whether to limit salary increases to teachers only, or to make them available to aides, directors, and other staff as well. If only lower paid staff are eligible for salary increases, the rewards for additional training or educational efforts can be diminished, and the salary structure can become distorted. (See, for example, the problems previously discussed in Washington State's salary initiative.)

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One way to avoid this result is to link salary improvements to increased training, skills, and responsibility. While it is essential that salaries not be tied to training unless training opportunities are available, accessible, and affordable, making the link between compensation and training can maximize a salary initiative's impact on quality. While no state has implemented a salary strategy that is tied to a career ladder, the strategy used by Manitoba, Canada (see Appendix) provides an interesting example.

3. Studies of the salary and staffing problems in a particular state or locality can provide powerful evidence for action.

State policymakers and advocates who have worked to improve salaries stress the value of first examining the salary situation in the state--both because such a study can make it possible to target the particular problems faced by providers in the state, and because it provides supportive evidence necessary to spur action. The Child Care Employees Project (CCEP) has developed a set of resources to assist those interested in conducting salary surveys. Its materials include a booklet describing how to conduct a salary survey and a survey instrument that can be used to evaluate salaries, benefits, working conditions, and turnover of child care workers at the community or state level.

4. State efforts to improve salaries can raise the cost of child care in programs that do not receive additional state support.

Successful salary initiatives not only raise salaries in programs that receive additional state support, but also exert upward pressure on salaries throughout the child care field. It is important to recognize that these broader effects can raise the cost of care for families whose providers do not receive supplemental state funding. Such providers may need to raise their fees to remain competitive in the wages they pay staff, which can make it difficult for the low-income families they serve. Consequently, it is essential that states seek to mitigate the impact of salary improvement strategies on the cost of care for low-income families and the providers who serve them.

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State Efforts to Support and Encourage Training

Key Finding: Even though the training of child care workers is one of the most important components of good quality child care, nearly half of the states in 1989 either made no attempt to meet the training needs of child care workers or provided only minimal assistance. However, states that are investing in training for child care staff have developed some interesting strategies to overcome barriers of cost, inaccessibility, and lack of appropriate training options, as well as to meet other policy objectives.

One of the most important steps that states can take to improve the quality of child care is to expand education and training opportunities for child care providers. Training not only gives new caregivers the chance to learn the basics of caregiving, but also enables long-time providers to stay abreast of current health and safety issues, child development research and techniques, and other essential issues. Numerous studies have documented that training of providers yields positive outcomes for children, including higher levels of interaction between the caregiver and the children and more appropriate caregiving activities. Finally, experts suggest that good quality training plays a key role in retaining staff as well as improving the quality of their caregiving.

Despite the fact that training yields clear benefits for children and providers, many child care providers do not receive training, either because they cannot find training opportunities or have no incentive to become trained. For example, the National Child Care Staffing Study (NCCSS) found that only one-quarter of the teachers in child care centers had received 15 hours or more of annual in-service training. It is likely that levels are even lower among family day care providers, given that their state licensing requirements are often lower.

One way to address the critical need for a well trained and stable child care work force is to set good training requirements in place through licensing regulations, thereby ensuring that all child care workers have a clear incentive to receive training (see discussion in Part II). However, it is equally essential that states ensure that providers have accessible, affordable, and good quality training opportunities that help them meet such training requirements. Without such opportunities, providers and child care staff can be penalized for failure to obtain training, and the training requirements will fail to have the desired result of improving quality.

To help child care providers provide better quality care and meet licensing requirements, states must help them overcome the various barriers they face in trying to obtain training. Yet in

1989 several states failed to make any significant efforts to provide such assistance (Table 9):

- Seven states (**Alabama, Colorado, Florida, Georgia, Idaho, Rhode Island**, and **Wyoming**) made no formal efforts to help their child care providers obtain training.
- Another 10 states (**Louisiana, Michigan, Mississippi, Missouri, Nebraska, Nevada, New Mexico, Ohio, Tennessee**, and **West Virginia**) described their efforts as "technical assistance," but their efforts were limited and often seemed unrelated to training. For example, one of the few states providing technical assistance that was able to specify how much it spent on this effort--Nebraska-- spent a total of $8,000 to produce a quarterly newsletter for licensed child care providers. While such an effort can be useful to providers, it is not training.
- Five additional states (**Arizona, Kentucky, Montana, South Dakota**, and **Texas**) said they provided some training, but were unable to specify the level or type of training. Furthermore, their efforts often were limited--**Arizona** and **Montana** provided training for licensing purposes only, through their state licensing systems, and **Texas** offered training "only when agency staff had time." While such training is useful, it is essential that states fund specific ongoing training efforts, and that these efforts not be limited to training required by the licensing agency.
- The remaining 29 states funded specific training efforts, and generally were able to estimate the level of funding and describe the types of services they provided. These efforts ranged widely--for example, funding levels ranged from $9,000 in **Utah** to more than $1 million in **California** and **New York**. A majority of states (17 out of the 29) spent between $100,000 and $400,000.
- The relative level of state investments in training varied widely--only four states (**Alaska, the District of Columbia, Hawaii**, and **Vermont**) spent more than $4.00 annually per child younger than five on training. Another eight states (**Arkansas, Delaware, Iowa, New Hampshire, New York, North Dakota, Maine**, and **Massachusetts**) spent between $1.00 and $4.00 per child per year (younger than five) to provide training.
- Only four states relied exclusively on federal funds to support their training efforts, and another 12 states used some combination of federal and state dollars. The most common federal funding sources for training activities were the Dependent Care Block Grant program and the Social Services Block Grant (Title XX). Some states used the Child Development Associates (CDA) credential program to pay for the cost of the CDA credential.

- While a few states, including **Minnesota** and **Iowa**, increased their funding for child care training efforts, three states made serious cutbacks in their training efforts in FY 1989. **West Virginia** temporarily suspended all state-sponsored training due to inadequate funds and staff. **Georgia** discontinued its training efforts to plan for FSA implementation--agency officials reported having a large supply of training materials but neither the time nor the means to distribute them. Finally, **Florida** eliminated its training budget for FY 1989, then allocated $800,000 as a one-time only administrative expenditure in FY 1990 to provide training to meet its 20-hour training requirement for child care providers.

- **Arkansas** developed an innovative strategy to finance child care training by requiring the state to match the annual child care licensing fees paid by providers and to use the funds to support training for licensed child care providers. The funds are placed into a Child Care Provider's Training Fund and have been used to provide workshops. Some of these funds will be used to establish a video and text resource library for providers. Early evidence suggests that these fees have not discouraged providers from becoming regulated, and that the training may even serve as an incentive to become licensed.

States that fund training efforts have adopted a wide range of strategies to help providers improve their skills, comply with state requirements, and better meet the needs of the children and families they serve. As described in greater detail below, several of these states have made efforts to help providers overcome various barriers and problems with the training opportunities in their state. Other states use training initiatives as a means of addressing other policy goals--for example, to help providers understand the licensing regulations or other issues of importance, to expand the supply of particular types of care, or to generate employment opportunities for jobless individuals. While many of these efforts are fragmented and only address one issue at a time, the collective experience of states now provides a rich array of approaches to guide future training initiatives.

State Strategies to Overcome Barriers to Training

States have developed a number of approaches to overcome the key barriers to training of child care providers, as well as to address some of the common problems found with training systems around the country. These common problems include:

- The cost of training;
- An inadequate supply of training opportunities;
- The inaccessibility of various training programs, often due either to their location or the time they are offered;

- Training that is inappropriate for the provider's needs or skill level;
- Training opportunities that are not part of a career ladder or do not help child care professionals advance professionally; and
- Training opportunities that are fragmented and do not allow providers to gain the various skills and the knowledge they need.

While many states have policies that respond to some of these problems, only a few have attempted to address the full range of issues in a comprehensive way. One noteworthy exception is the state of **Delaware**, which recently funded the development of a comprehensive training plan for child care (see Developing a Comprehensive State Training Program). Its approach seeks to simultaneously address many of the problems and barriers identified above, and consequently could, if implemented, have a significant impact on the quality of care.

Cost

The low wages of child care providers make it impossible for most providers to pay for college courses or training workshops without financial assistance. While these problems exist for many providers, they present particular difficulties for providers who primarily serve low- and middle-income children. These providers typically are unable to absorb the costs of training by raising parental fees, and therefore are often unable to enroll in unsubsidized training activities.

In FY 1989, numerous states made some effort to help providers pay the costs of obtaining relevant credentials or degrees:

- Seventeen states helped providers pay the cost of a one-year training program--including fieldwork, instructional coursework, and evaluation--to obtain their Child Development Associate (CDA) credential. A survey by the National Governors' Association (NGA) in 1990 found that 34 states used the federal funds available for states to help defray the cost of CDA certification, but funds were not available to pay for the training necessary to meet the CDA requirements.

- Ten states provided child care providers with some type of assistance--including scholarships in some cases--to help them obtain educational degrees.

Some states developed new efforts to help providers pay for their training. For example, **Minnesota** offers competitive grants to pay half of the fee for family day care providers to obtain their CDA. **Maine** started a $30,000 scholarship fund in 1989 to help providers already in the profession obtain two- and four-year college degrees in early childhood education or a related field. **Maryland** began providing scholarships, waiving up to $2,000 a year of tuition to persons who agree to work for one year as a child care provider after receiving a degree or CDA credential.

In addition, a number of states provided training workshops at little or no cost to providers to supplement or substitute for training activities otherwise available on a tuition basis. For example, **Arkansas** used funds from the Child Care Providers' Training Fund to contract with colleges and universities to provide free one-day workshops around the state. **Hawaii** provided workshops and seminars on a number of issues including child development, building self-esteem, first aid, immunizations and health, nutrition, business management, and tax issues. And the **District of Columbia** provides child care training classes through career development programs in its public schools.

Inaccessibility

In many instances, providers do not have ready access to training opportunities because of inappropriate hours, inconvenient location, or lack of suitable transportation. Access can be a particular problem for providers who work in rural or non-metropolitan areas, as well as for providers who work in low-income areas. Furthermore, many child care providers have difficulty taking time away from their jobs or families to participate in training activities--both because of the cost of being away from work and the difficulty of locating substitute caregivers. While this is clearly an issue for all providers, getting time away from work can be particularly difficult for family day care providers.

For these reasons, it is important that training opportunities are set up in ways that help overcome the constraints of time and mobility that are faced by many providers. Some states are making training opportunities available to providers by developing on-site training activities, mobile training centers, and innovative media efforts. Other states are developing or using other resources such as resource and referral agencies or institutions of higher learning (such as universities, community colleges, or vocational institutes) to provide training. This strategy allows states to avoid duplicating the efforts of those organizations and agencies that are already in the business of providing training (or working with providers). (For more information on the role of resource and referral agencies, see Appendix.) Some examples of state efforts to improve provider access to training in 1989 include:

- **Oklahoma** funded a mobile toy lending library (the Rainbow Fleet) to help family day care providers have access to both toys and training, as well as a statewide network of volunteers (called Child Care Careers) to train providers. In FY 1990, the state is increasing the funding of these programs to $165,000.

- **Virginia** supported three child care media resource centers that loan materials--such as books, toys, videos, records, and training materials--to licensed or certified providers.

- **Vermont** channeled state funds to local communities through state contracts with 10 community-based nonprofit resource and referral (R&R) agencies. Training in child development and the care of victimized children is offered through community colleges and through six-week courses at R&R agencies, as well as through on-site visits, home visits for licensed and registered programs, workshops, seminars, courses, and conferences.

- A number of other states provide training funds or services through R&R programs. For example, **Hawaii** allocated $82,775 to train providers from child care centers and family day care homes through its R&R programs in FY 1990. **Montana** allocated $60,000 to develop new and expand existing R&R programs that will be responsible for recruiting, orienting, and training providers.

- **Massachusetts** is one of several states making use of institutions of higher learning to provide training. The state's Commonwealth Careers Project has pooled $288,000 in federal and state funds for training grants to six colleges, coordinating efforts by the Office for Children, the Department of Education, and the Bay State Skills Corporation. Training is offered to child care center teachers as well as individuals who wish to enter the field, and includes a component focusing on working with children with special needs.

- Other states that use their universities or community college networks to provide training include **Alaska, Arkansas, Connecticut, Delaware, North Dakota, Pennsylvania, Virginia, Washington**, and **Wisconsin**.

Other states are using media strategies to take their training message to providers:

- **Washington** State targeted $50,000 to media campaigns on positive discipline techniques and established a toll-free phone line to provide information to parents. In FY 1990-1991, the state plans to spend $200,000 on telecommunications programs at the University of Washington to train parents and providers.

- A few states, including **Illinois** and **Wisconsin**, are supporting the development and distribution of training videotapes.

- **North Dakota** is exploring the use of training grants and interactive television programs based on the CDA curriculum in an effort to ensure that their training efforts reach rural areas in the state.

Inappropriateness or Fragmentation of Training Opportunities

Even when opportunities for training exist, providers may have difficulty obtaining good quality training that is appropriate for their level of interest and ability and that will allow them to move up a career ladder. In particular, providers often do not have access to training that:

- Has multiple levels that are relevant to providers at different levels (for example, that recognizes the training needs of entry-level workers differ from those of experienced caregivers who already have an advanced degree), and that allow professional advancement;
- Awards some form of credential or formal credit, allowing providers to move from one training program to another;
- Is of good quality, uses curricula that are designed to help providers with specific problems and issues that they face, and is taught by qualified and experienced trainers; and
- Includes a number of different topics so that providers can continue to learn new skills and areas of knowledge.

A few states have begun to address these issues in a comprehensive manner (see box at end of this section). Other states have developed more limited but very interesting efforts to help providers advance professionally.

- **Massachusetts** has developed the first state-sponsored child care teacher certification program. This program, which operates through the licensing agency, will issue certificates to child care staff, and will identify the job levels that the individual is qualified to fill. This approach not only promises to increase the professional identity of child care workers, but also simplifies the hiring process for center directors and the qualification verification process for licensing staff.
- **Wisconsin** has provided a $50,000 grant to Wisconsin Early Childhood Association to develop a program to provide credentials to child care workers.
- The **District of Columbia** is changing its entry-level training efforts (for child care aides) to base them on the requirements for the CDA certification program. This will help entry-level workers who later wish to obtain their CDA credential, and facilitates further training.

It also is essential that trainers be qualified and know the issues that providers need to learn. **New Jersey** has developed a program to train head teachers to be on-site trainers, including the use of Head Start teachers to train other staff on the basics of day care. **Virginia** has a program that pays community colleges to train child care providers from centers to become trainers. The state also has a training manual to assist the colleges in this process.

Lack of Incentives

Child care providers, who are usually both overworked and underpaid, may have little incentive to make the effort to find, pay for, and attend training that too often does not meet their needs. In addition to improving the quality, cost, and accessibility of training efforts, states can provide incentives to receive training by strengthening licensing requirements for in-service and pre-service training. These policies, if enforced, make it impossible for licensed providers and teachers to operate legally without having at least required levels of training.

Yet there are a number of other incentives that also can be effective in encouraging child care providers to participate in training activities. For example, states should work to link training with improved salaries, as child care teachers are usually not rewarded with higher wages when they receive additional training or education. (The National Child Care Staffing Study found that teachers with a high school education or less earned on average $8,120 per year, while teachers with some college education earned only $9,293.) Another approach is to link state subsidy levels to training of providers. **West Virginia** ties its family day care reimbursement rates to the level of training. This approach is interesting, but only can work if the basic reimbursement rate is sufficient and if training opportunities are available.

Finally, efforts to educate parents about the importance of caregiver training can increase the demand for trained caregivers. (For more information on efforts focused on parents, see Part V.)

Training on Issues of Special Concern

A number of states are developing training services to help providers deal with issues of special concern to them or to state policymakers. For example, experts agree that child care providers frequently need training to meet licensing regulations, to learn about starting up a new child care program, or on specific issues such as small business administration and financial management or AIDS. States' efforts in this area range from offering training workshops, giving technical assistance, helping providers learn about and have access to local resources (such as resource and referral agencies) that can help them improve quality or meet standards, to developing materials such as brochures or manuals for providers. Furthermore, states use different agencies to provide these services. Some are provided by state licensing agencies, while others are provided by state human services agencies or employment agencies. 20/

A number of states offer training opportunities or efforts to help providers understand and meet licensing requirements, learn how to begin a new program, or to obtain the skills needed to operate a small business. Through such efforts, states can simultaneously address a number of goals: they can make their licensing and registration efforts more efficient by helping providers better understand the various regulations, they can help providers overcome the barriers to beginning a new business and therefore expand the supply of regulated care, and they can improve the quality of care offered.

- **Pennsylvania's** licensing agency offers training to all prospective or new day care center operators on a regular basis and is piloting and researching training for family day care providers. **Tennessee** began conducting pre-licensure training in the fall of 1989. The training includes information on licensure rules and how to get started. It also includes information on running a small business, as local studies showed that many facilities closed because the providers did not know how to run a business.

- **North Carolina's** licensing agency holds workshops for potential licensees on a quarterly basis in each region of the state. It also helps family day care homes establish local support groups, and holds regular regional meetings with child care providers and directors of child care centers to keep them informed of current issues and changes in licensing regulations.

- **Delaware** increased its child care training budget from $25,000 to $75,000 in 1989, with one-third of these funds devoted to continued development of training materials for on-site training to help providers meet new state training requirements. The state also developed and is distributing handbooks with information on regulations, getting started, and so forth.

- **Oregon** passed a bill in 1989 that directs small business development centers at state community colleges to provide business management assistance and training to child care operators. As noted, **Tennessee** has offered similar training as a part of its pre-licensure training efforts. **Hawaii** and **Vermont** also sponsor training workshops in business management.

- **Wisconsin** has a $325,000 grant to a consortium of agencies primarily to provide start-up technical assistance to potential child care licensees.

In addition to helping providers get started, some states have designed targeted training efforts to improve provider knowledge about other specific issues or potential problem areas:

- In response to findings that children in family day care homes were developmentally behind in language skills when entering the school system, **Florida** funded a small $50,000 pilot program for FY 1990 for one county to hire language specialists to work with providers and children on language and speech development.

- **Massachusetts** is one of a few states that has developed specific training efforts around the issue of AIDS. As a part of its new policy regarding HIV infection and AIDS, the state developed a series of training sessions to educate child care staff about HIV infection and child care. These sessions were co-sponsored by the state-supported resource and referral agencies, the Office for Children, the Department of Social Services, and the Department of Public Health, and gave hundreds of providers information about AIDS/HIV infection, risks of transmission in child care, the implications of the new policy, how to meet the needs of families and children, and infection control procedures. **Virginia** also initiated a series of training workshops on the issue of AIDS and child care.

- In FY 1989 **Washington** used $125,000 to train providers and parents in child abuse prevention.

Training as a Strategy for Addressing Other Policy Goals

Training services have the additional benefit of allowing creative states to fulfill other policy goals. States have been particularly interested in using training in two ways:

- To improve the quality and supply of particular types of child care or of child care serving targeted populations; and

- To increase employment opportunities for specific groups of adults who (with some training and other assistance) could become child care providers.

Training to Expand Supply

Several states used a portion of their training funds to improve the quality and supply of care for **children with special needs**:

- **New Jersey** provides a 20 percent supplement to the Dependent Care Grant to develop training resources that will assist providers in serving special needs children in mainstream programs that do not separate them from their peers.

- **Illinois** has developed a special curriculum to train family day care providers working with special needs children. This is part of an effort to develop 15 new family day care networks and 40 new slots to serve special needs children.

- **Tennessee** focused its 1990 training efforts on providers who work with special needs children and training of school-age child care providers. **Connecticut** also targets some of its training resources on special needs children.

Many other states have focused their training funds on the issue of **school-age child care**, thereby expanding the supply as well as improving the quality of care for school-age children:

- **Kentucky** has hired a training consultant in the Department of Education to focus on school-age child care, and conducted a conference on the training of 45 school-age child care providers. In addition, the state provides mini-grants of $500 for training and has developed a series of videotapes as a resource for school-aged child care.

- **Wisconsin** offers a series of school-aged child care symposia each year and ongoing technical assistance to new school-aged child care programs. In FY 1989 **Delaware** devoted $50,000 of its training funds for providers working with school-age children.

- Some states are running conferences to train school-age child care providers. **Washington** conducted a conference focusing on the recruitment and training of school-age child care providers, while **New Mexico** is using funds from the Dependent Care Block Grant to run a series of mini-conferences that train school-age child care providers.

Other states have chosen to provide training as a mechanism to expand the supply of other types of care:

- **Virginia** conducted a study on rural child care, and as part of that effort sponsored the recruitment and training of providers in one rural county in 1988.

- **Rhode Island** is planning to contract with a private agency to recruit and train family day care providers, particularly those who are non-English speaking (or who serve non-English speaking children) and those willing to serve developmentally delayed children.

Training to Generate Employment

A number of states seeking to improve the quality and supply of child care through training have simultaneously sought to create employment opportunities for unemployed individuals:

- **Kentucky** has allocated funds to meet the child care needs of refugees enrolled in job training programs, with some of the money used to train refugees to become day care providers.

- **Massachusetts's** Executive Office of Communities and Development spent $2.1 million for start-up costs of child care programs in public housing. A small portion of these funds were used to recruit and train tenants to become providers.

- The **District of Columbia** gives free training to low-income individuals and welfare recipients to become child care aides, educational aides, and child care teachers. This effort is administered through a collaboration of the Department of Employment Services and the public schools.

Several states are establishing training programs under the new Family Support Act (FSA) to train recipients of Aid to Families with Dependent Children (AFDC) to become child care providers:

- **Kansas** will provide funds and training to AFDC clients who want to start family day care homes. The state's support will include up to $500 in renovation costs, as well as 120 hours of training services. The state also will offer $325 in CDA scholarship funds per AFDC client who wants to start a family day care home or work in a center.

- **Maryland** provides funds to R&R programs to provide technical assistance and information to FSA clients who wish to work in the child care field. **South Carolina** plans to recruit FSA recipients to be family day care providers, and hopes to provide opportunities for them to earn a CDA-like credential.

- **New Hampshire** has contracted with the New Hampshire Head Start Directors Association to train participants in the AFDC jobs program for careers in child care.

Little is known about the effectiveness of these efforts as a way to expand employment opportunities for targeted populations or to remove AFDC recipients from the welfare rolls. However, in the absence of accompanying state strategies to increase child care salaries, it is likely that many poor individuals will be unable to lift themselves and their families out of poverty even if they work full-time throughout the year as child care providers (see previous section). For this reason, any such training efforts should be closely linked to salary enhancement initiatives and the development of career ladders that provide an eventual route out of poverty for those entering the child care field.

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Developing a Comprehensive State Training System and the Delaware Plan

Even among the states that do provide training, the training system can be a patchwork of disconnected training opportunities. These opportunities frequently are of varying quality, may not be accessible to most providers because they are only available during the day in a few locations, and do not make the most efficient and effective use of available resources.

States must begin to address this problem by developing a comprehensive and coordinated child care training development system. To do this, states must assess:

- The status of the training needs of child care providers, including the particular needs of providers at different levels in different types of care and serving different populations of children;

- The extent and quality of the training opportunities that are currently available that meet the needs described above, as well as the extent to which they are coordinated and allow providers to move up a clear career ladder; and

- The resources currently available to provide training, including but not limited to institutions of higher learning and resource and referral agencies.

Through such an assessment, it is possible to identify the problems and gaps in the system that the state must address to turn a fragmented patchwork into a coordinated system.

In recent years, some states have started to recognize the need for a more comprehensive approach. While these efforts are relatively new and are often in planning stages, they provide interesting models for future state initiatives. The most comprehensive of these efforts is that developed by **Delaware**, (described in detail below), although other states have also begun to address training needs in a more comprehensive manner. In particular:

- **New Jersey** completed a statewide training needs assessment in 1989. In response to the findings of this survey, the state is working with a statewide community-based advisory committee to develop a standardized training academy. The

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academy will focus on pre-service, intermediate, and advanced levels of staff training, with mandatory participation for staff in state-run centers.

- **Virginia** took a step toward developing a more coordinated system in 1989. At that time, the Virginia legislature passed a resolution directing the Virginia Community College system and the four-year institutions of higher learning that have early childhood education programs to study how to improve collaboration, and to develop a plan for the education and training of child care personnel.
- Finally, the United Way in **Massachusetts** has initiated the development of the Massachusetts Child Care Careers Institute, funded with $2 million over the next five years. (Although this effort receives no state funds, it is an interesting model which could easily be used by states.) This institute is a collaboration of 35 colleges, R&R agencies, community education and advocacy groups, and provider agencies, and its mission is to develop a child care career development system which addresses issues of recruitment, retention, training, and career mobility. (For more information, see Bibliography.)

The Delaware Plan

Policy makers and advocates in Delaware, concerned about a number of the problems related to child care training, set up a Child Care Training Ad Hoc Committee to discuss possible solutions. The committee includes representatives of various child care provider organizations, the governor's office, the Office of Child Care Licensing, the agency which administers the Purchase of Care program, the Delaware Development Office, Child Care Connection (the statewide R&R agency), United Way, the Department of Public Instruction, and various institutions of higher learning.

On the recommendation of the committee, the Department of Services for Children, Youth, and their Families (DSCYF), which includes the state licensing office, funded a research and planning study to develop a "state-wide comprehensive, coordinated child day care training system with built-in career progression." This study, conducted by Dr. Nancy Brown of North Carolina State University, Gwen Morgan of Work/Family Directions and Wheelock College, and Joan Costley of Wheelock College, was

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to examine a number of issues, including the development of:

- A multi-tiered training system;
- A method for needs assessment and a system for periodic training needs assessments;
- A system for certification and equivalencies for college credit;
- A system for funding child care training;
- A system for resource centers to deliver materials and information clearinghouse services to child care providers;
- An evaluation process for training;
- A system for effective and timely dissemination of information pertinent to child care; and
- A five- to 10-year implementation plan for the training system.

The planning document, which was released in May 1990, is entitled "Delaware First...Again--The First Comprehensive State Training Plan for Child Care Staff." The plan devised by the three experts has three major components:

- **The Career Development System** is a multi-tiered training structure designed to meet the varied training and experience backgrounds of providers, with clear paths of transition from the pre-professional to the professional subsystems. All training provided through this system must be approved by the **Training Approval System**, and all completed training will be recorded in the **Personnel Registry**.

- An **Evaluation System** provides the basis for evaluating specific training and assessing the effectiveness of the entire training system. As a first phase, the state will collect information on the training levels and needs of providers (the **Provider Profile**), which will establish baseline data for the system.

- **The Resource Center System** sets up centrally located centers to offer providers materials and experiences to enhance their work with young children.

The plan also delineates a 10-year implementation scheme to build the system.

For more information on this project, contact the Delaware licensing agency (see Appendix for address and phone number).

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Helping Providers Improve General Program Quality

Key Finding: Providers serving low-income children often are prevented from improving their child care programs by lack of resources. Even though grants and low-interest loans often are essential to help providers upgrade the quality of their programs, relatively few states in 1989 offered such assistance. Similarly, few states have developed other types of incentives to improve quality, although a number have recruitment campaigns to help improve the quality and expand the supply of regulated family day care providers.

In addition to low salaries and a lack of training opportunities, child care providers face a number of other barriers to improving the quality of their programs and facilities, including lack of funds, information, and meaningful incentives. These barriers are particularly difficult to overcome for providers who serve low- and moderate-income children, as they are unable (in many cases) to raise the fees to the parents they serve in order to pay for such improvements. Such barriers also prevent some providers from meeting licensing requirements or voluntarily entering the regulated child care system.

There are a number of ways in which states can help providers overcome these barriers. In particular, states can offer targeted financial assistance through grants and low-interest loans, create various financial incentives to improve quality, and conduct recruitment campaigns to bring providers into the licensed child care system. Furthermore, the state can provide these services itself or can work with R&R agencies. (See Appendix for a discussion of the role of R&Rs in improving quality.) It is essential, however, that these efforts be targeted to providers who serve low-income children or operate in low-income areas.

Targeted Financial Assistance

Many providers do not have ready access to the funds necessary to make repairs, replace equipment, upgrade facilities to meet new licensing requirements, pay for training, pay accreditation fees, or improve the general quality of care. Providers who cannot raise funds for these purposes through parent fees are faced with two unacceptable alternatives--either to continue to operate with substandard or inadequate facilities or to close down. In some cases, failure to make improvements necessary to meet state licensing requirements can result in forced closure.

While the vast majority of states have not responded to these problems, a few states have developed targeted financial assistance efforts (through grant or low-interest loan programs) to help providers improve quality. Although some states have grant or loan programs to expand the supply of child care facilities (for example, making funds available for construction, renovation, or expansion), relatively few have such funds available for quality improvements as well. 21/ Such policies can promote two major state objectives by simultaneously upgrading the quality of existing child care programs and maintaining the supply of good quality child care serving low-income families. Grants and loans are particularly appropriate for quality improvements that represent one-time only expenditures; they are less useful (unless available on an ongoing basis) for quality improvements such as salary increases that require an ongoing increase in revenues.

States that had funds available for such efforts in FY 1989, or developed such efforts in that year, include:

- **Alaska's** Quality Enhancement Grant Program (see description in salary section) provides grants to programs willing to serve children who receive state subsidies. In addition to salaries, these funds can be spent on other quality improvements.

- **Minnesota** spent $237,000 in FY 1989 on grants to family day care providers to help them develop, expand, or improve the quality of their programs. These funds could be used for a number of purposes, including purchasing or replacing equipment, construction or renovation of facilities, developing new programs, financing staff training, or creating toy lending libraries. The state significantly expanded funding for this program for FY 1990, appropriating $1 million for grants, some of which will be used for training.

- In 1989 **Florida** passed legislation to set up a low-interest loan program (offering 1 percent interest rates) to help make improvements in family day care homes in low-income areas.

- **Connecticut** approved a one-time only set-aside of $250,000 in 1989 (for FY 1990) that was designed to help providers meet state licensing requirements. This allowed the state to make small grants to child care centers to help them upgrade their facilities to meet health and safety codes.

- **The District of Columbia** passed legislation in 1989 to authorize grants and loans to child care programs, although no funds were appropriated. The maximum amount of money available to each provider would be $10,000.

One approach that holds considerable promise is to help defray the expenses associated with receiving accreditation from the National Association for the Education of Young Children (NAEYC) or the National Family Day Care Association for providers who serve low-income children. Programs cannot receive such accreditation unless they offer high-quality services and are willing and able to make the investments in staff and facilities needed to meet the high standards that are required. No state has developed a program that specifically provides grants or loans for the full costs of accreditation (which can include the accreditation fee, one-time costs of improving the facility, ongoing costs related to improvements in areas such as child-to-staff ratios, and staff qualifications). However, **Minnesota** adopted a policy in 1989 that pays for half of the accreditation fees for any center that becomes accredited. The state also pays a 10 percent higher reimbursement rate for centers that are accredited and family day care homes in which the provider has a CDA credential. The **District of Columbia** has asked local businesses to subsidize the accreditation fees of providers.

Another possible state approach to helping providers could be through developing mechanisms that allow them to aggregate their purchasing power. This effort would facilitate the purchasing of fringe benefits (such as health, life, or disability insurance), as well as equipment, food, or supplies.

Financial Incentives

Recognizing the link between provider incentives and quality of care, some states have sought to create new and stronger incentives to encourage providers to meet higher standards, or at least to help ensure that programs meet basic licensing standards. Most states have created a financial incentive to be licensed by limiting public funds and services to licensed or registered programs and refusing to pay for unlicensed or unregulated care. 22/ States adopt this approach both out of a desire for better quality and in an attempt to ensure accountability in the use of public funds. Some states also limit access to other state services--such as training funds, salary initiatives, and grants and loans--to programs that meet applicable state standards. However, other states choose not to place such limits on the provision of training, believing that these opportunities should be available to all providers regardless of their regulatory status.

As shown in the tables on various state regulations (see particularly Tables 5 and 6), some states require programs receiving state funds to meet higher standards:

- **California**, **Florida**, and **Massachusetts** had different child-to-staff ratios for programs receiving public funds.

- In 1989 **Massachusetts** set higher standards for some programs receiving state vouchers. Programs receiving $100,000 a year or more in voucher reimbursements from the state now are required to meet the same higher standards as programs funded by the state contract program.

- **California** imposes more stringent child-to-staff ratios and teacher qualification requirements upon programs receiving state funds. The state also reviews these programs to ensure that they meet specific standards in program administration, parent involvement, program development, evaluation, and community resource involvement. California officials believe that this policy has had a major impact on quality.

Other states have created financial incentives to help subsidized providers meet higher standards if they so choose. Although it since has been repealed, **Minnesota's** salary initiative, which provided higher reimbursement rates to providers who paid higher salaries, is one example.

Recruitment Efforts

Another way to improve the quality of care while expanding the supply of regulated care is to develop campaigns to bring more unregulated family day care providers into the regulated system, and to help them improve the quality of care in the process. Recruitment campaigns can bring exempt or illegal providers into the regulatory system, while also helping to initiate new programs. However, they should be accompanied by strengthened enforcement efforts, and should not be seen as a substitute for them.

Family day care recruitment efforts are becoming more common, and generally involve efforts either to publicize the benefits of being regulated, increase the incentives for regulation, or help providers overcome some of the barriers to setting up and providing good quality family day care. Such recruitment efforts often make financial assistance available to providers who want to become licensed or registered, connect providers with other providers and professional networks, provide training assistance and opportunities, and help regulated family day care providers gain access to funds from the Child Care Food Program and other resources. Sometimes these efforts are initiated or funded by state governments, sometimes by non-profit or volunteer organizations (such as local chapters of the National Council of Jewish Women or the Junior League), and sometimes through public/private partnerships (see Appendix).

Approximately half of the states had some form of family day care home recruitment effort in place in 1989, and a few more were planning such efforts in 1990. However, the extent of these efforts varies widely. In some states the effort is fairly minimal, and consists of asking licensing staff to be alert for unregulated providers. Some states use other organizations, such as R&R agencies or family day care sponsoring organizations, to recruit providers. Other states use public/private partnerships to develop family day care recruitment campaigns.

Some states have made significant efforts to recruit, train, and regulate family day care homes. In 1989, for example, **New Jersey** spent $400,000 to recruit 1,400 providers, **California** spent $250,000 in its recruitment campaign, and **Connecticut** recruited 900 providers through its efforts. Furthermore, some states developed new initiatives in 1989. **California** developed a model state program to recruit and train providers to provide infant care, and **New Jersey** and **Wisconsin** also developed or passed new efforts to recruit providers.

In many cases, these campaigns have succeeded in recruiting new providers into the regulated system and provided them with important training. It is necessary to recognize, however, that these projects must be developed with local licensing policies and capabilities in mind. If successful, such campaigns will result in significantly increased demands on licensing staff. It also is important that such campaigns include a focus on recruitment, training, and start-up costs for family day care providers in low-income areas, and that they recognize the particular needs and barriers faced by these providers.

PART V

STATE STRATEGIES TO HELP PARENTS ENSURE THE QUALITY OF THEIR CHILDREN'S CHILD CARE PROGRAMS

In addition to setting a strong regulatory floor for quality programs and to helping providers meet and exceed these standards, states also must help parents become better consumers of good quality child care. State efforts to help parents learn about the key elements of good quality care, the importance of parental monitoring of the quality of care, and the role of (and how to have access to) the regulatory system all can play important roles in helping parents find and demand better quality care. The effectiveness of such strategies is limited, however, in the absence of strong efforts to help low-income parents pay for, and bolster the supply of, good quality care.

Helping Parents Be Full Partners in Ensuring and Improving Quality

Key Finding: Parents can and should play a major role in ensuring the quality of their children's care, both in choosing the care and monitoring its quality while their child is in the facility. Some states are working to help parents become better consumers of child care, strengthening their understanding of the critical components of quality and the role of the regulatory system in protecting their children.

Parents are clearly one of the most (if not the most) important players in ensuring the quality of their children's care. They not only are responsible for choosing the care, but also monitor and evaluate the program on a daily basis. As the primary consumers of child care, they can have an effect on quality by demanding good quality care. Furthermore, they can be the first to detect problems in the child care facility, and can play a critical role in alerting state licensing authorities to real or potential problems.

Many parents, unfortunately, do not understand the elements of good quality care or how the regulatory system works. Studies suggest that parents focus on things such as cost, location, convenient hours, and whether they personally like the provider, as well as the overall quality of their child's experience. They are less knowledgeable about the relationship between regulations and the elements essential for their children's health, safety, and development. This confusion partly reflects that, for many parents, looking for child care is a new experience, one for which they have little personal experience to use as a guide. Furthermore, it is often difficult for parents to obtain good information about child care systems that are often decentralized and rapidly changing.

Lack of knowledge is only one of a number of factors that limit parents' ability to choose good quality care. One of the biggest limitations on parental choice is **cost**. Parents who cannot afford good quality care do not have the ability to choose it no matter how much they know about the components of quality. Consequently, it is essential that low-income parents receive financial assistance to help them pay for good quality child care. Parents also are limited in their ability to choose good quality care by problems of **access**, either because the supply of good quality care does not exist, because it is in inaccessible locations, or because they do not have any way of finding out about it. (The issues of affordability and access, and what states can do to resolve them, will be addressed in forthcoming CDF publications.)

In addition to addressing problems of cost and access, however, states can help parents become full partners in ensuring the quality of their children's care by:

- Initiating campaigns to educate the consumers and the public about issues in quality and the benefits of regulation; and
- Developing strategies to inform consumers about the regulatory system, making it more accessible.

In designing such strategies, it is essential that states recognize the varying needs of parents. For example, materials should be accessible to parents with limited-literacy, low English proficiency, or little education. Similarly, all information should be useful to parents who are interested in using various types of child care arrangements.

Educating parents and consumers about the components of good quality child care

Several studies show that parents may not always understand the elements of quality that make a difference in the lives of their children (such as caregiver training, stability, class size, ratios, and health and safety practices) and instead choose child care on the basis of cost, location, and hours of operation. In fact, some studies of the ways in which parents choose a child care facility show that surprising numbers of parents do not visit more than one program before enrolling their children. In some cases, this is due to time constraints and lack of good options.

There are a number of actions states can take to help parents become more informed about the essential components of good quality care, and how they can choose such care. A few states, for example, are developing consumer education campaigns that focus on making consumers and providers aware of the critical elements of quality. For example, **Oregon** is developing a consumer education campaign that includes information on child care, and **Texas** is implementing a major parental education and information campaign--designed to inform parents about quality in child care as well as its benefits to them and to their children--as part of the state's increased focus on family day care providers. Texas is funding this effort with funds from the federal Family Support Act of 1988.

Other states have developed print and media materials to educate parents about how to choose child care. For example, **Georgia** and **New Mexico** have videos (the New Mexico video is available in English and Spanish), and **Washington** has a media campaign designed to help parents choose child care. Other states--including **North Carolina** and **South Carolina**--have developed materials such as brochures and guides on this issue. **Utah** has developed and distributed guides to selecting good quality child care, providing details about the minimum standards for which parents should look. **Michigan** is developing a booklet on the types of child care available to parents, how to choose among them, and how to seek financial assistance through the state subsidy program. R&R programs can play an important role in such efforts as they are in contact with parents and--in some cases--play an important role in helping parents through the process of choosing a child care facility. (See Appendix for more information on the role of R&R agencies.)

Helping parents understand and gain access to the state child care regulatory system

For several reasons, it is essential that parents understand the responsibilities and limits of the child care licensing and regulatory system, and that they understand how to gain access to this system.

First, parents are the first line of defense for their children. As the primary consumers (on behalf of their children) of the service, they need to understand exactly what protections the licensing system can offer. For example, parents using family day care homes in states where such homes are self-certified and are not inspected by the state need to understand that the state is not monitoring the quality of their child's program. In such states, parents need to be encouraged to play a particularly active role in monitoring the quality of care.

Second, parents can be the most effective monitors of quality in their children's programs, as they see the facility daily and can spot problems that may be overlooked through an annual inspection. However, they can only be effective monitors _if_ they understand the regulatory system, know what issues to watch for, and know how to contact the relevant staff to notify them of problems. Without such knowledge, their effectiveness is limited. Their effectiveness is further limited if their state regulatory agency is unable to respond due to inadequate staff or lack of effective enforcement policies.

Finally, parents need to understand the benefits of regulation, so that they can either search for regulated care or encourage their providers to become regulated. This will have the effect of increasing the demand for regulated care, thereby increasing the incentives for providers to meet licensing requirements.

Unfortunately, parents' knowledge of the regulatory system--what it does and doesn't do, the benefits of regulation, what rights parents have in the system, what requirements facilities are supposed to meet and why they are important, how to detect problems, and what to do if they detect a problem--is often quite limited. For example, a recent HHS survey of state licensing officials found that half of the state officials surveyed mentioned the importance of educating parents about licensing regulations. They felt that such an effort would not only have the effect of increasing the likelihood that parents would demand good quality care (and therefore increase provider compliance), but also would make their jobs easier because parents would be more likely to make complaints on issues that were appropriate for the licensing agency. (Licensing officials commented that many parental complaints deal with issues not under the jurisdiction of the regulatory agency, such as fees or disagreements over childrearing matters, and that responding to these complaints added to their already heavy caseload.)

Some states are trying to increase parental understanding of and involvement in the regulatory system. In particular, some require that regulated facilities provide parents with information about state regulations or proof that they are regulated. One approach is to require facilities to post their license or certificate of compliance in a visible place. Information about how to contact the state licensing agency with complaints is also useful, for example by requiring facilities to post a "hotline" complaint number on the premises. States with such policies include:

- **Illinois** requires all licensed child care facilities to give brochures developed by the state to all consumers. These brochures include a summary of the licensing standards written in a "Q & A" format, focusing on issues of quality that parents can easily monitor and detect. In addition, the brochures serve as a way of educating parents on selected issues--for example, they include information on the prevention of child abuse, the prevention of communicable diseases in child care, and the importance of immunizations (with a discussion of the new Hib vaccine). Finally, the brochures include a pre-addressed complaint form that parents can mail to the licensing agency. The agency notes that it has received a number of important complaints through these forms--including one that resulted in the detection and closure of a family day care home in Chicago that was serving 47 children.

- **Pennsylvania** is implementing requirements that all licensed and approved facilities must have their license (or certificate of compliance), a copy of the regulations, and information on how to contact the state licensing authority posted conspicuously. As a pilot project, the state also is developing a parental handbook and a poster for facilities with some of this information.

- **Wisconsin** revised its policies in 1989 to require that all regulated programs give parents a summary of regulations, as well as information on how to file complaints.

- **Vermont** requires that family day care providers distribute copies of the state regulations, as well as a parent handbook that includes forms that parents can use to send in complaints or praise about their program.

- **New Hampshire** is close to implementing a program that allows parents to play a more formal role in monitoring quality by surveying them as a part of the inspection process. State officials note that while parents are hesitant to initiate contact, they are very responsive when asked to make comments in an anonymous format. This effort can improve the information received by the licensing agency and make parents more aware of their role as monitors of the quality of their children's care.

- **Tennessee** requires that homes and centers provide parents with copies of state licensing requirements, and **Delaware** gives parents a handbook for family day care informing them of the state regulations for family day care homes. The **District of Columbia** requires that center requirements be posted for parents.

Another way in which states can help parents find good quality care is by ensuring that parents have access to information about substantiated complaints. **Indiana**, for example, suggests that parents inspect licensing files that contain all complaints filed about the facility.

Some states have developed public awareness efforts on issues around the regulatory system and quality of child care. These efforts can include media campaigns, workshops, meetings, and brochures. For example, **New Jersey** has developed a public awareness campaign directed toward providers and consumers as a part of its effort to stimulate voluntary registration of family day care providers. The campaign uses various methods to spread information, including posters, flyers, brochures, radio and television public service announcements, press releases, and newspaper advertisements. In 1989 the legislature in **West Virginia** passed legislation requiring the state commissioner of human services to provide public education on child care standards.

TABLE 1. Regulation of Family Day Care Home Programs a/

	Does a statewide, mandatory system with monitoring inspections apply to family day care homes serving the following numbers of unrelated children? b/			
	Three	Five	Seven	Ten
Alabama	Yes	Yes	Yes	Yes
Alaska	No	Yes	Yes	Yes
Arizona	No	Yes	Yes	Yes
Arkansas	No	No	Yes	Yes
California	Yes	Yes	Yes	Yes
Colorado	Yes	Yes	Yes	Yes
Connecticut	No	Yes	Yes	Yes
Delaware	Yes	Yes	Yes	Yes
Dist. of Col.	Yes	Yes	Yes	Yes
Florida c/	No	No	Yes	Yes
Georgia	No	No	Yes	Yes
Hawaii	Yes	Yes	Yes	Yes
Idaho	No	No	Yes	Yes
Illinois	No	Yes	Yes	Yes
Indiana	No	No	Yes	Yes
Iowa	No	No	No	No
Kansas	No	No	Yes	Yes
Kentucky	No	Yes	Yes	Yes
Louisiana	No	No	Yes d/	Yes d/
Maine	No e/	No e/	No e/	No e/
Maryland	Yes	Yes	Yes	Yes
Massachusetts	Yes	Yes	Yes d/	Yes d/
Michigan	Yes	Yes	Yes	Yes
Minnesota	Yes	Yes	Yes	Yes
Mississippi	No	No	Yes	Yes
Missouri	No	Yes	Yes	Yes
Montana	No	No	No	No
Nebraska	No	Yes	Yes	Yes
Nevada	No	Yes	Yes	Yes
New Hampshire	No	Yes	Yes	Yes
New Jersey	No	No	Yes f/	Yes f/
New Mexico	No	Yes	Yes	Yes
New York	Yes	Yes	Yes	Yes
North Carolina	Yes	Yes	Yes	Yes
North Dakota	No	No	Yes	Yes
Ohio	No	No	Yes	Yes
Oklahoma	Yes	Yes	Yes	Yes
Oregon	No	No	Yes	Yes
Pennsylvania	No	No	Yes	Yes
Rhode Island	No	Yes	Yes	Yes
South Carolina	No	No	Yes	Yes
South Dakota g/	No	No	No	No
Tennessee	No	Yes	Yes	Yes
Texas	No	No	Yes	Yes
Utah	No	Yes	Yes	Yes
Vermont	No	No	Yes h/	Yes h/
Virginia	No	No	Yes	Proh

Washington	Yes	Yes	Yes	Yes
West Virginia	No	No	Yes	Yes
Wisconsin	No	Yes	Yes	Proh
Wyoming	Yes	Yes	Yes	Yes
Total number responding No =	36	22	4	4

KEY: Proh = homes are not allowed to serve this many children.

SOURCE: Children's Defense Fund. Data accurate as of April 1, 1990.

a/ Some states have a separate category called "group family day care homes" for larger homes, while others do not. This table does not distinguish between these categories -- instead, it examines the extent to which state policies exist for any type of home-based child-care facility. In other words, a state that has a voluntary system for family day homes serving fewer than six children and a mandatory system for larger homes (serving six or more children) will be counted as having a mandatory system for homes serving seven or 10 children. Furthermore, some states license larger homes as centers -- these states also are counted as regulating such homes with a mandatory system including inspections.

b/ In many states, programs that are normally exempt from licensing are required to be licensed or registered in order to receive public funds, such as funds from the federal Child Care Food Program or from state subsidy programs. States that take this approach include Florida, Idaho, Missouri, New Jersey, Ohio, South Dakota, and Wisconsin.

c/ Florida's system for smaller homes varies by county. Eight counties require licensing, while the rest have registration systems. Florida licenses homes serving more than five children as child care centers.

d/ Louisiana and Massachusetts regulate all facilities serving more than six children as centers, regardless of if they are based in homes.

e/ Maine allows family day care providers a choice of mandatory licensing with inspections or mandatory registration with self-certification.

f/ New Jersey regulates home-based programs serving more than five children as child care centers but does not regulate smaller homes.

g/ South Dakota maintains a mandatory regulatory system with inspections only for group homes, which it defines as serving 13 to 20 children.

h/ Vermont allows home-based programs to serve six or more children without being required to be inspected and to meet standards, if the children attend part-time and are school-age.

TABLE 2. State Licensing Policies Towards Child Care Centers by Type of Operator

	Type of Child Care Program		
	Programs Operated by Public Schools	Programs Operated By Religious Institutions	Programs Operated in Adult Recreation Facilities a/
Alabama	Exempt	Exempt b/	Exempt
Alaska	Exempt	Partial c/	Partial
Arizona	Exempt	Licensed	Partial
Arkansas	Licensed	Licensed d/	Exempt
California	Licensed	Licensed	Partial
Colorado	Partial	Licensed	Partial
Connecticut	Exempt	Licensed	Exempt
Delaware	Exempt	Licensed	Exempt
District of Col.	Other	Licensed	Other
Florida	Exempt	Exempt	Exempt
Georgia	Exempt	Licensed	Partial
Hawaii	Other	Licensed	Partial
Idaho	Licensed	Licensed	Partial
Illinois	Partial	Partial c/	Partial
Indiana	Exempt	Partial e/	Exempt
Iowa	Exempt	Licensed	Exempt
Kansas	Licensed	Licensed	Exempt
Kentucky	Partial	Licensed	Partial
Louisiana	Exempt	Licensed	Exempt
Maine	Licensed	Licensed	Partial
Maryland	Licensed	Partial e/	Other
Massachusetts	Exempt	Licensed	Partial
Michigan	Licensed	Licensed	Partial
Minnesota	Partial	Licensed	Exempt
Mississippi	Licensed	Licensed	Exempt
Missouri	Exempt	Exempt	Exempt
Montana	Licensed	Licensed	Exempt
Nebraska	Licensed	Licensed	Exempt
Nevada	Other	Licensed	Partial
New Hampshire	Exempt	Licensed	Exempt
New Jersey	Exempt	Partial c/	Partial
New Mexico	Exempt	Licensed f/	Partial
New York	Exempt	Licensed	Partial
North Carolina	Exempt	Partial e/	Exempt
North Dakota	Licensed	Licensed	Exempt
Ohio	Other g/	Licensed	Partial
Oklahoma	Exempt	Licensed	Exempt
Oregon	Exempt	Licensed	Exempt
Pennsylvania	Licensed	Licensed h/	Exempt
Rhode Island	Licensed	Licensed	Partial
South Carolina	Partial	Partial e/	Exempt
South Dakota	Exempt	Exempt	Exempt
Tennessee	Other i/	Licensed i/	Exempt
Texas	Exempt	Licensed	Exempt

Utah	Exempt	Partial c/	Partial
Vermont	Licensed	Licensed	Partial j/
Virginia	Exempt	Partial e/	Partial
Washington	Exempt	Licensed	Exempt
West Virginia	Licensed	Licensed	Exempt
Wisconsin	Licensed	Partial c/	Exempt
Wyoming	Exempt	Licensed	Exempt
Totals:			
# Exempt =	25	4	28
# Partial =	5	10	21
# Other =	5	0	2
# Licensed =	16	37	0

KEY:

Licensed: Must meet all licensing requirements, although not necessarily issued a license.

Partial: Are partially exempt -- they either are required only to meet some requirements, or some programs are exempt.

Exempt: Are exempt from state licensing requirements.

Other: Either none of the above, are regulated by another agency, or did not answer.

SOURCE: Children's Defense Fund. Data accurate as of April 1, 1990.

a/ Many of the states that exempt some of these programs from licensing do so only if the parents are somewhere nearby or if the program is only for short periods of time. However, the terms used often are not clearly defined, such as "premises," "accessible," or "close proximity."

b/ Alabama allows religious-based programs to be exempt or licensed; Florida and Missouri allow all religious-based programs to be exempt.

c/ States that exempt some types of religious-based programs: Alaska allows facilities claiming to be primarily educational to be exempt as well as those that do not receive any public funds (although these programs must meet fire and safety standards); Illinois exempts only those serving children age three and older; New Jersey requires religious-based centers to be licensed, unless they were operating before 1984 with exempt status, in which case they must meet licensing life-safety requirements; Utah exempts religious-based programs if they are authorized by church leadership or provide religious doctrine; and in Wisconsin religious-based programs are exempt if they operate their program as a private school.

d/ Arkansas licenses religious-based care, although these centers may request exemption if they meet the requirements for licensure. This exemption is good for one year.

e/ States that allow religious-based programs to be exempt from some requirements: in Indiana, religious-based programs must meet health and safety requirements and fire regulations; in Maryland, religious-based programs that are considered "nursery schools" or "school-age child care" can be exempt from curriculum and teacher qualification requirements; in North Carolina, religious-based programs are exempt from obtaining licenses and from staff and curricular requirements, but must meet all other requirements; in South Carolina, such programs are required to be registered but not licensed; and in Virginia, religious-based programs are exempt from licensure but must submit documentary evidence as detailed in the state code.

f/ New Mexico requires all religious-operated child care programs to meet licensing requirements but does not issue them licenses.

g/ Ohio exempts programs operated by public schools that serve only school-age children, and requires those that serve younger children to be regulated by the state Department of Education.

h/ Pennsylvania has a statute requiring religious-based programs to have a certificate of compliance, which can be obtained either through licensing or through an approval process. In either case, the facility must meet the same requirements and be inspected annually.

i/ Tennessee requires religious-based programs to be licensed unless they are operated as schools, in which case they must be regulated by the state Department of Education. The Department requires licensing standards comparable to those required by the Dept. of Human Services.

j/ Vermont is in the process of developing regulations for facilities in spas and bowling alleys.

TABLE 3. Selected State Health and Safety Standards

	Immunizations for Family Day Care Homes a/	Hib Vaccine Required for Centers b/	Energy-Absorbing Surfaces Beneath Climbing Surfaces for Centers	Periodic Fire Drills for Family Day Care Homes c/
Alabama	Yes	Yes	Yes	No
Alaska	No	No	No	Yes
Arizona	Yes	Yes	Yes	Yes
Arkansas	Yes	No **	No	Yes
California	No d/	No	Yes	No e/
Colorado	Yes	No	No	No
Connecticut	No f/	No	No	No
Delaware	Yes	Yes	Yes	Yes
District of Col.	Yes	Yes	No	Yes
Florida	Yes	Yes	Yes	Yes
Georgia	Yes	Yes	Yes	No
Hawaii	Yes	No	Yes	Yes
Idaho	No	No	No	No
Illinois	Yes	No	Yes	Yes
Indiana	No	No	No	No
Iowa	No	No	No	Yes
Kansas	Yes	No	Yes	Yes
Kentucky	Yes	No	No	Yes
Louisiana	No *	Yes	Yes	No *
Maine	No	Yes	Yes g/	No
Maryland	Yes h/	No	No	No i/
Massachusetts	Yes	Yes j/	Yes	Yes
Michigan	Yes	No	No	Yes
Minnesota	Yes	No	No	Yes
Mississippi	No *	No	Yes	No *
Missouri	Yes	No	Yes	Yes
Montana	Yes	Yes	No	No
Nebraska	Yes	DK	Yes	Yes
Nevada	Yes	No **	Yes	Yes
New Hampshire	Yes	Yes	Yes	Yes
New Jersey	Yes	No	No	No
New Mexico	Yes	No	Yes	No
New York	Yes	Yes	No	Yes
North Carolina	No	No	No	Yes
North Dakota	Yes	DK	No	No
Ohio	Yes	Yes	Yes	Yes
Oklahoma	Yes	No	Yes	No
Oregon	No	No	No	Yes
Pennsylvania	Yes	No	Yes	No
Rhode Island	Yes	No	No	Yes
South Carolina	No	No	No	No
South Dakota	Yes	No	No	Yes
Tennessee	Yes	Yes	Yes	Yes

Texas	Yes	No	Yes	No
Utah	Yes	No	No	No
Vermont	No	No	Yes	No
Virginia	Yes	No	Yes	No
Washington	Yes	DK	Yes	Yes
West Virginia	Yes	Yes	DK	Yes
Wisconsin	Yes	No	No	Yes
Wyoming	Yes	Yes	No	Yes
No =	13	32	24	22
Don't Know =	0	3	1	0

KEY: DK = Respondent did not know.

SOURCE: Children's Defense Fund. Data accurate as of April 1, 1990.

*: The state did not answer the question because it responded that it did not regulate family day care homes.

**: Arkansas and Nevada are in the process of requiring the Hib vaccine; Arkansas implemented the requirement in August 1990.

a/ Basic immunizations are defined as polio, measles, rubella, DPT, and mumps.

b/ Hib vaccine required for children ages 18 months and older.

c/ Periodic defined as at least once per year.

d/ California notes that its Health Department regulations are sometimes not consistent.

e/ California only requires fire drills for large family day care homes.

f/ Although Connecticut requires children entering a family day care home to have a medical statement signed by a licensed physician, the policy does not require children to have immunizations.

g/ Requirement is considered to be in rule addressing safe outside equipment.

h/ Maryland responded yes to all immunizations except for mumps.

i/ Maryland requires periodic fire drills under the fire code.

j/ Massachusetts requires Hib vaccine for children ages 18-33 months.

TABLE 4. State Regulations Regarding Parental Access to Child Care Programs

	Child Care Centers	Family Day Care Homes
Alabama	Unqualified	Unqualified
Alaska	Unqualified	Unqualified
Arizona	Unqualified	Not Addressed
Arkansas	Not Addressed	Not Addressed
California	Unqualified a/	Unqualified a/
Colorado	Limited	Unqualified
Connecticut	Unqualified	Limited
Delaware	Unqualified	Unqualified b/
District of Col.	Not Addressed	Not Addressed
Florida	Unqualified	Not Addressed
Georgia	Unqualified	Not Addressed
Hawaii	Not Addressed **	Unqualified
Idaho	Unqualified c/	Unqualified c/
Illinois	Unqualified	Unqualified
Indiana	Unqualified	Not Addressed
Iowa	Unqualified	Not Addressed
Kansas	Unqualified	Unqualified
Kentucky	Unqualified	Unqualified
Louisiana	Not Addressed	Not Addressed
Maine	Unqualified	Not Addressed
Maryland	Not Addressed **	Not Addressed **
Massachusetts	Unqualified	Unqualified
Michigan	Unqualified	Unqualified
Minnesota	Unqualified	Not Addressed
Mississippi	Not Addressed **	Not Addressed
Missouri	Not Addressed	Not Addressed
Montana	Unqualified	Unqualified
Nebraska	Limited	Not Addressed
Nevada	Unqualified	Unqualified
New Hampshire	Not Addressed **	Not Addressed **
New Jersey	Unqualified	Not Addressed
New Mexico	Unqualified	Not Addressed
New York	Unqualified	Unqualified
North Carolina	Limited d/	Limited d/
North Dakota	Limited	Limited
Ohio	Unqualified	Unqualified
Oklahoma	Limited	Not Addressed
Oregon	Unqualified	Not Addressed
Pennsylvania e/	Not Addressed	Not Addressed
Rhode Island	Unqualified c/	Unqualified c/
South Carolina	Not Addressed	Not Addressed
South Dakota	Unqualified	Unqualified
Tennessee	Unqualified	Not Addressed
Texas	Not Addressed	Not Addressed
Utah	Unqualified	Unqualified
Vermont	Unqualified	Unqualified
Virginia	Unqualified	Unqualified
Washington	Not Addressed	Not Addressed

West Virginia	Not Addressed	Not Addressed
Wisconsin	Unqualified	Unqualified
Wyoming	Not Addressed	Not Addressed
Totals:		
Not Addressed=	14	26
Limited =	5	3
Unqualified =	32	22

KEY:

Not Addressed: State regulations do not address whether parents have the right to visit their child's child care facility.

Limited: State regulations allow the parent the right to visit, but qualify that right by phrases such as "parents may visit at times convenient to the provider" or access is only encouraged rather than a right.

Unqualified: Parents have the unqualified right to visit their child's child care facility, though some states add some minor qualifiers such as "when the program is in operation."

SOURCE: Children's Defense Fund. Data accurate as of April 1, 1990. Data initially collected by Gwen Morgan of Work/Family Directions, and updated by the Children's Defense Fund.

**: The state currently is implementing this requirement. Hawaii will require unqualified access by Dec. 1990 (it currently provides unqualified access for before- and after-school care); Maryland implemented unqualified parental access for family day care in July 1990 and will have such regulations for child care centers by 1991; Mississippi implemented unqualified access for centers on July 1, 1990; and New Hampshire implemented unqualified access for all child care facilities as of July 1990.

a/ California allows programs to deny access if it presents a risk to the children, or if custodial parents request that non-custodial parents be denied access.

b/ Delaware guarantees parental access to all areas used for care of children while their children are in care.

c/ Idaho and Rhode Island address this right in their laws, but not in their regulations.

d/ North Carolina allows parents unlimited access, but parents must notify the director.

e/ Pennsylvania hopes to have parental access language in its regulations by 1991.

TABLE 5. State Regulations Regarding Child-to-Staff Ratios in Child Care Centers

	Maximum Number of Children of Specified Ages Allowed Per Single Staff Member in Licensed Child Care Centers					
	6 Months	12 Months or Walking	18 Months	2 Years	3 Years	4 Years
Range recommended by the NAEYC a/	3-4	3-5	3-5	4-6	7-10	8-10
Alabama	6	6	8	8	12	20
Alaska	5	6	6	6	10	10
Arizona	5 b/	6 b/	6 b/	8 b/	13	15
Arkansas	6	6	9	9	12	15
California c/	4	4	4	4	12	12
Colorado	5	5	5	7	10	12
Connecticut	4	4	4	4	10	10
Delaware	4	4 d/	7	10	12	15
District of Col.	4	4	4	4	8	10
Florida c/	6	8	8	12	15	20
Georgia	7	7	10	10	15	18
Hawaii	Proh e/	Proh e/	Proh e/	8	12	16
Idaho	12	12	12	12	12	12
Illinois	4	4	5	8	10	10
Indiana	4	5	5	5	10	12
Iowa	4	4	4	6	8	12
Kansas	3	5	5	7	12	12
Kentucky	6	6	6	10	12	14
Louisiana	6	8	8	12	14	16
Maine	4	5	5	5	10	10
Maryland	3	3	3	6	10	10
Massachusetts c/	3 b/	3 b/	4 b/	4 b/	10	10
Michigan	4	4	4	4	10	12
Minnesota	4	4	7	7	10	10
Mississippi	5	9	9	12	14	16
Missouri	4	4	4	8	10	10
Montana	4	4	4	8	8	10
Nebraska	4	4	6	6	10	12
Nevada	4	6	8	8	13	13
New Hampshire	4	5	5	6	8	12
New Jersey	4	4	7	7	10	15
New Mexico	6	6	6	10	12	12
New York f/	4	4	5 g/	5 g/	7 g/	8 g/
North Carolina	7	7	7	12	15	20
North Dakota	4	4	4	5	7	10
Ohio	6	6	7	7	12	14
Oklahoma	4	6	6	8	12	15
Oregon	4	4	4	4	10	10
Pennsylvania	4	4	5	5	10	10
Rhode Island	4	4	6	6	8	10
South Carolina	8	8	8	12	15	20

South Dakota	5	5	5	5	10	10
Tennessee	6 g/	7	7	8	10	15
Texas	5 b/	6 b/	10 g/	13 g/	17 g/	20
Utah	4	4	4	7	15	15
Vermont	4	4	4	5	10	10
Virginia	4	4	5	10	10	12
Washington	4	7	7	7	10	10
West Virginia	4	4	4	8	10	12
Wisconsin	4	4	4	6	10	13
Wyoming	5	5	5	8	10	15
National Median h/	4	5	5	7	10	12
Number of states with ratios worse than the maximum levels recommended by the NAEYC a/	19	19	24	31	21	33

KEY: Proh = homes are not allowed to serve this many children.

SOURCE: Children's Defense Fund. Data accurate as of April 1, 1990. Data initially collected by Gwen Morgan of Work/Family Directions, and updated by the Children's Defense Fund.

a/ The NAEYC (National Association for the Education of Young Children) recommendations often allow a range of acceptable alternatives, although the higher end of the range often is only acceptable when the caregivers are highly qualified. The high end of the range is what is included here, although lower levels would be preferable given that many states do not require that caregivers be highly qualified. Note that these ranges are similar to those proposed by other national organizations and the federal regulations that were proposed in the 1970s.

b/ These states have two possible ranges -- one for the number of children allowed for one staff member and another for two staff members. For example, Arizona allows five infants per caregiver, or 11 for two caregivers. The ratio shown here is for a single caregiver only.

c/ These states require different child-to-staff ratios for facilities receiving public funds, although these different standards may not be issued or enforced by the licensing agency.

d/ Delaware requires a ratio of 4:1 until 13 months, at which age it changes to 7:1.

e/ Hawaii prohibits child care for children younger than two, although this policy currently is being revised. By December 1990 they will have a maximum ratio of 4:1 for infants (ages six weeks to 12 months) and 6:1 for toddlers up to age 18 months.

f/ New York City sets standards separately from New York State. The standards reflected here are those of the state.

g/ These states have a choice of ratios -- for example, New York has a choice of 4:1 or 5:1 for two-year-olds, and the ratio depends on the group size. The ratio shown here is the maximum number of children allowed for one caregiver.

h/ Hawaii, which prohibits care for children younger than two, was not counted when calculating the median.

TABLE 6. State Regulations Regarding Group Size Limits in Child Care Centers

	Maximum Number of Children of Specified Ages Allowed to be Cared for in a Single Group a/					
	6 Months	12 months or Walking	18 Months	2 Years	3 Years	4 Years
Range recommended by the NAEYC b/	6-8	6-12	6-12	8-12	14-20	16-20
Alabama	6	6	8	8	12	20
Alaska	NR	NR	NR	NR	NR	NR
Arizona	NR	NR	NR	NR	NR	NR
Arkansas	NR	NR	NR	NR	NR	NR
California	NR	NR	NR	NR	NR	NR
Colorado	10	10	10	14	NR	NR
Connecticut	8	8	8	8	20	20
Delaware	NR	NR	NR	NR	NR	NR
Dist. of Col.	8	8	8	8	16	20
Florida c/	NR	NR	NR	NR	NR	NR
Georgia	NR	NR	NR	NR	NR	NR
Hawaii	Proh d/	Proh d/	Proh d/	NR	NR	NR
Idaho	NR	NR	NR	NR	NR	NR
Illinois	12	12	15	16	20	20
Indiana	8	10	10	15	NR	NR
Iowa	NR	NR	NR	NR	NR	NR
Kansas	9	10	10	14	24	24
Kentucky	NR	NR	NR	NR	NR	NR
Louisiana c/	NR	NR	NR	NR	NR	NR
Maine	12	15	15	15	NR	NR
Maryland	6	6	9	12	20	20
Massachusetts	7	7	9	9	20	20
Michigan	NR	NR	NR	NR	NR	NR
Minnesota	8	8	14	14	20	20
Mississippi	10	10	10	14	14	20
Missouri	8	8	8	16	NR	NR
Montana	NR	NR	NR	NR	NR	NR
Nebraska	NR	NR	NR	NR	NR	NR
Nevada	NR	NR	NR	NR	NR	NR
New Hampshire	8	8 e/	10	10	16	24
New Jersey	20	20	20	20	20	20
New Mexico	NR	NR	NR	NR	NR	NR
New York f/	8	8	12 g/	12 g/	18 g/	21 g/
North Carolina	14	14	14	24	25	25
North Dakota	NR	NR	NR	NR	NR	NR
Ohio	12	12	14	14	24	28
Oklahoma	8	12	12	16	24	30
Oregon	8	8	8	8	20	20
Pennsylvania h/	NR	NR	NR	NR	NR	NR
Rhode Island	4	4	6	6	15	20
South Carolina	NR	NR	NR	NR	NR	NR

South Dakota	20	20	20	20	20	20
Tennessee	10	14	14	16	20	20
Texas	12 g/	14 g/	18	35	35	35
Utah	8	8	8	25	25	25
Vermont	8	8	8	10	20	20
Virginia	NR	NR	NR	NR	NR	NR
Washington	8	14	14	14	20	20
West Virginia	NR	NR	NR	NR	NR	NR
Wisconsin	8	8	8	12	20	24
Wyoming	NR	NR	NR	NR	NR	NR
Number of states not regulating group size	22	22	22	23	27	27
Number of states with group size requirements exceeding recommended range	11	7	10	17	6	9

KEY: Proh = Homes are not allowed to serve this many children.
NR = Not regulated.

SOURCE: Children's Defense Fund. Data accurate as of April 1, 1990. Data initially collected by Gwen Morgan of Work/Family Directions, and updated by the Children's Defense Fund.

a/ Some states have different group size limits when children of different ages are cared for in a single group.

b/ The National Association for the Education of Young Children (NAEYC) recommendations often allow a range of acceptable alternatives, although the higher end of the range is usually only acceptable if there are more adults (lower child-to-staff ratios) and if the caregivers are more highly trained. The higher end of the range is included here, even though lower levels are preferable given that many states do not require caregivers to be highly qualified. Note that these recommended levels are similar to those proposed by other national organizations and the federal regulations that were proposed in the 1970s.

c/ These states have different group size requirements for programs receiving public funds, although these requirements may not be issued or enforced by the licensing agency.

d/ Hawaii prohibits child care for children younger than two, although this policy currently is being revised. The state anticipates that it will have group size limits for child care centers by December 1990. The proposed limits are: eight for infants (six weeks to 12 months), and 12 for toddlers (12 months to 24 months).

e/ New Hampshire's group size requirement changes from eight children at 12 months to 10 children at 13 months.

f/ New York City has separate standards from New York State. The requirements reflected here are for New York State.

g/ These states have two possible group size policies -- usually reflecting different child-to-staff ratios. Some states allow larger group sizes if the child-to-staff ratios are more stringent. The higher group size is reflected in this table.

h/ Pennsylvania will have group size limits by 1991.

TABLE 7. State Regulations Regarding Child-to-Staff Ratios and Group Size Limits in Family Day Care Homes

	Maximum Number Of Infants (Younger Than Two) Allowed per Family Day Care Provider		Whether Family Day Care Providers Must Count Own Children In Meeting Required Ratios	
Alabama	6		None	
Alaska	2	a/	All	b/
Arizona	5	c/	All	d/
Arkansas	3		Preschoolers	
California	4	e/	All	d/
Colorado	2		Preschoolers	
Connecticut	2		Preschoolers	
Delaware	4		Preschoolers	
District of Columbia	2		Preschoolers	
Florida	5		Preschoolers	
Georgia	6		None	
Hawaii	2	f/	Preschoolers	
Idaho	6		All	
Illinois	3		All	d/
Indiana	6		All	d/
Iowa	4		Preschoolers	
Kansas	3	f/	All	
Kentucky	6		All	
Louisiana	NA	g/	NA	g/
Maine	4	h/	Preschoolers	
Maryland	2		Preschoolers	i/
Massachusetts	2		All	
Michigan	2	f/	Preschoolers	i/
Minnesota	3	j/	All	
Mississippi	9	k/	None	
Missouri	2		None	
Montana	3		Preschoolers	
Nebraska	4	l/	All	d/
Nevada	4	m/	None	
New Hampshire	2		All	d/
New Jersey	3	n/	None	o/
New Mexico	2		Preschoolers	i/
New York	2		Preschoolers	i/
North Carolina	5		Preschoolers	
North Dakota	4		All	
Ohio	3		Preschoolers	
Oklahoma	5		Preschoolers	
Oregon	2		All	d/
Pennsylvania	4		Preschoolers	
Rhode Island	2		All	
South Carolina	6	p/	All	d/
South Dakota	4		Preschoolers	
Tennessee	4		All	d/
Texas	4	f/	All	
Utah	3	q/	Preschoolers	

Vermont	3 q/	Preschoolers i/
Virginia	4	Some
Washington	2	All
West Virginia	7	None
Wisconsin	4	Preschoolers
Wyoming	2	Preschoolers

States limiting number of infants/toddlers to 4 or less = 38

States requiring provider to count all own children in meeting ratios = 19

KEY: NA = the question was not applicable to the state.

SOURCE: Children's Defense Fund. Data accurate as of April 1, 1990. Data initially collected by Gwen Morgan of Work/Family Directions, and updated by the Children's Defense Fund.

a/ For infants up to 30 months old.
b/ Alaska has been required to change its policy of requiring providers to count only some of their own children, because the fire marshal declared that the building code supersedes this policy.
c/ Arizona regulates homes serving more than four children as group day day care homes. However, the state allows up to five children in a home to be cared for by one provider, and has no other limits on the number of infants allowed.
d/ These states require all of the provider's own children (below specific ages) to be counted: Nebraska counts children younger than eight; Tennessee counts children younger than nine; California and New Hampshire count children younger than 10; Indiana counts those younger than 11; Illinois and South Carolina count children younger than 12; Oregon counts children younger than 13; and Arizona counts all children younger than 14.
e/ Four infant limit if the provider only serves infants, three infant limit if the provider serves older children (maximum of six children allowed).
f/ For infants up to 18 months old.
g/ Louisiana does not regulate family day care homes as a category -- the state only licenses homes serving more than seven children as child care centers. Consequently, Louisiana did not respond to this question.
h/ Three infant limit if the group includes children of mixed ages.
i/ These states require the provider's own children to be counted if they are younger -- for example, Maryland and Vermont only count children younger than two (although Maryland's fire code specifies age six); New Mexico and New York count children younger than six; Michigan counts children younger than seven.
j/ Two infant limit if younger than one, three infant limit if younger than 30 months.
k/ Five infant limit if younger than one, nine infant limit between one and two years old.
l/ Two infant limit if younger than 18 months and a group of mixed ages.
m/ Four infant limit if younger than two, of which no more than two can be younger than one.

n/ Three infant limit if there are no preschoolers in the home; otherwise the limit is two infants.
o/ The home is not allowed to exceed eight children (five for a fee) if the provider's own children are in the home.
p/ Six infant limit, although they recommend no more than three.
q/ Two infant limit if group is of mixed ages.

TABLE 8. State Rules Regarding Child Care Staff Training Requirements a/

	For Teachers in Child Care Centers		For Family Day Care Providers	
	Pre-service Requirements	In-service Requirements	Pre-service Requirements	In-service Requirements
Alabama	Orientation	Training	None	Training
Alaska	Orientation	Training	None	None
Arizona b/	Experience	Training	None	None
Arkansas	None	Training	None	Training
California	Training	None	None	None
Colorado	Experience	Unspecified	Training	None
Connecticut	None	Unspecified	None	None
Delaware	Training	Training	Orientation	None
District of Col.	Training	None	None	None
Florida b/	Training	Training	Training	None
Georgia	Training	Training c/	None	None
Hawaii	Training	None	Orientation	Training
Idaho	None	None	None	None
Illinois	Training	Training	None	None
Indiana	None	Training	None	None
Iowa	None	Training	None	None
Kansas	Training	Training	None d/	None d/
Kentucky	Training e/	Training	Training e/	Training
Louisiana	Training	None	None	None
Maine	None	Training	None	None
Maryland	Training	Unspecified f/	None f/	None f/
Massachusetts	Training	Training	Experience g/	None
Michigan	None h/	None	None h/	Training
Minnesota	Training	Training	Training	Training
Mississippi	None	None	None	None
Missouri	None	None	None	None
Montana	Experience	None	None	None
Nebraska	Experience	Training	None	None
Nevada	Orientation i/	Training	None	Training
New Hampshire	Training	None	None j/	None
New Jersey	Training	Unspecified	Training	Training
New Mexico	None	Training	None	Training
New York	Experience	Unspecified	None	None
North Carolina	Training	Training	None d/	None d/
North Dakota	Orientation	Training	None	Training
Ohio b/	None	Training	Training	Training
Oklahoma	Orientation	Training	None	None
Oregon	Experience	Training	None d/	None d/
Pennsylvania k/	Experience	None	None	None
Rhode Island	Training	Unspecified	Experience	None
South Carolina	None	None	None	None
South Dakota	Experience	Training	None	None
Tennessee	Orientation	Training	None	Training
Texas	Orientation	Training	None	None **
Utah	None	Training	Training	None
Vermont	Experience	Training	None	Training

Virginia	Training	Training	None	None
Washington	None	Unspecified	None	None
West Virginia	None	Unspecified	None	None
Wisconsin	Training	Training	Training	Training
Wyoming	Experience	Training	None	None
States with specific training requirements =	19	31	8	14

KEY:

Training: Coursework or training specified.
Unspecified: Training required, but not specified or quantified.
None: No training, experience, or orientation required.
Orientation: Orientation required.
Experience: Experience can be substituted for training or coursework.

SOURCE: Children's Defense Fund. Data accurate as of April 1, 1990. Data initially collected by Gwen Morgan of Work/Family Directions, and updated by the Children's Defense Fund.

** Texas requires 20 hours of annual training for caregivers in registered family homes as of July 1990.

a/ This chart does not include information on state requirements for other teacher qualifications, such as the teacher's age or background.
b/ These states have different requirements for facilities receiving public funds, although these requirements may not be issued or enforced by the licensing agency.
c/ Georgia requires training every three years.
d/ Kansas, North Carolina, and Oregon have training requirements for providers in group homes.
e/ Kentucky: Teachers in child care centers and family day care homes are allowed to teach with a provisional license while they receive training, but they must receive 12 hours of child development training within six months.
f/ Maryland has passed specific training requirements that will take effect in 1991.
g/ Massachusetts only requires experience or parenthood, not training.
h/ Michigan: Each center must have one program director with training; each family day care provider has up to three years to receive first aid and CPR training. Group home providers must have an additional eight hours of training.
i/ Nevada only requires training if the individual is younger than 18.
j/ New Hampshire only requires training for providers ages 18 to 21.
k/ Pennsylvania is introducing annual training requirements for staff in centers, group homes, and family day care homes, although the specific amounts of training to be required have yet to be decided. The state anticipates having these requirements in place by 1991.

TABLE 9. State Child-Care Training Efforts in FY 1989

	Does the State Help Provide Training to Child Care Staff?	Total Funding in FY 1989 (in $)	Total Funding from State (in $)	Total Funding from Federal Government (in $)
Alabama	No	--	--	--
Alaska	Yes	245,000	200,000	45,000
Arizona	Yes	Unknown	--	--
Arkansas	Yes a/	200,000	180,000	20,000
California	Yes	1,037,000	1,037,000	0
Colorado	No	--	--	--
Connecticut	Yes	169,760	156,600	13,160
Delaware	Yes	75,000	75,000	0
District of Columbia	Yes	320,175 b/	286,000	34,175
Florida	No c/	--	--	--
Georgia	No	--	--	--
Hawaii	Yes	471,086	471,086	0
Idaho	No	--	--	--
Illinois	Yes	258,500	182,500	76,000
Indiana	Yes	33,000	0	33,000
Iowa	Yes	250,000	200,000	50,000
Kansas	Yes	180,000	180,000	0
Kentucky	Yes	Unknown	--	--
Louisiana	TA d/	0	--	--
Maine	Yes	149,000	60,000	89,000
Maryland	Yes	203,398	203,398	0
Massachusetts	Yes	620,000	620,000	0
Michigan	TA	92,000	76,300	15,700
Minnesota	Yes	50,000	50,000	0
Mississippi	TA	0	--	--
Missouri	TA a/	--	--	--
Montana	Yes a/	Unknown	--	--
Nebraska	TA	8,000	8,000	0
Nevada	TA	0	--	--
New Hampshire	Yes	100,000 e/	100,000 e/	0
New Jersey	Yes	186,000	186,000	0
New Mexico	TA	0	--	--
New York	Yes	1,589,719	1,130,235	459,484
North Carolina	Yes	257,475	250,000	7,475
North Dakota	Yes	50,000	50,000	0
Ohio	TA	0	--	--
Oklahoma	Yes	126,386	126,386	0
Oregon	Yes	35,466	0	35,466
Pennsylvania	Yes	330,000	330,000	0
Rhode Island	No	--	--	--
South Carolina	Yes	29,800	0	29,800
South Dakota	Yes f/	Unknown	--	--
Tennessee	TA	0	--	--
Texas	Yes g/	Unknown	--	--
Utah	Yes	9,000	9,000	0
Vermont	Yes	278,000	246,000	32,000

Virginia	Yes	73,000	40,000	33,000
Washington	Yes	175,000	175,000	0
West Virginia	TA	0	--	--
Wisconsin	Yes	250,000	0	250,000
Wyoming	No	--	--	--

KEY: TA = technical assistance

SOURCE: Children's Defense Fund.

a/ Arkansas, Missouri, and Montana rely upon licensing staff to provide training.
b/ The District of Columbia provides additional funds for training through the public schools.
c/ Florida funded a small program that hired a specialist to work with children on language development. This specialist also was to assist providers.
d/ Louisiana provides some training through its Departments of Education and Health as well as various universities, but was unable to provide information on funding for these efforts.
e/ New Hampshire provides $60,000 for recruitment and training of family day care providers, as well as $40,000 for the training of center personnel.
f/ South Dakota only provides training for protective services.
g/ Texas only provides training as time permits.

APPENDIX

The Effects of the Quality of Child Care on Children in Child Care Centers in Atlanta, Georgia

As a part of the National Child Care Staffing Study (NCCSS), researchers examined the quality of care provided to children in child care centers in Atlanta and the effects that variations in quality had on children's development. Their findings are alarming:

- Less than half of the infants and toddlers were considered by the researchers to be securely attached to their teachers. Children were likely to spend large portions of their time in aimless wandering, with infants and toddlers spending more than half of the observation period like this, and older toddlers and preschoolers spending close to one-third of their time in such activity.

- Teacher/child interactions also were problematic--infants were ignored by teachers on average for 61 percent of the observation period, and preschoolers were ignored for 79 percent of the observation period.

- Child development studies suggest that young toddlers (about one-year-olds) should have mastered complementary and reciprocal peer play, older toddlers (two-year-olds) should engage in play that involves cooperative social pretending situations, and all preschoolers should be able to engage in play that involves complex social pretending situations. Yet the vast majority of children in Atlanta programs did not appear to have mastered these age-appropriate behaviors: only 18 percent of the young toddlers, 29 percent of the older toddlers, and 8 percent of the preschoolers had achieved expected levels of development.

Furthermore, the researchers documented clear relationships between the quality of the programs and children's development. Children who had teachers who engaged in more appropriate caregiving had higher scores on tests of language and cognition. Teachers who were less harsh, more sensitive, and less detached also had positive effects on the children's development and experiences in child care. The NCCSS found that a number of factors influence whether or not teachers engage in appropriate caregiving, including child-to-staff ratios, group sizes, curricula, teacher training, levels of formal education, and salary levels.

The authors of the study stress that Atlanta had the least stringent state child care regulations of all of the sites in their sample, and that the quality of care provided in centers was lower than in other communities. Consequently, the quality they found for children in Atlanta is lower than the average quality of care they found in other sites.

However, even though these findings are not representative of the quality of care all across the nation, they are likely to be representative of the effects of low-quality care on children. Consequently, they underscore the urgency of the need to take comprehensive action to improve the quality of child care.

(For more information on this study, see the Bibliography.)

The Child Care Salary "Crisis"

All around the country, child care programs are having difficulty finding and retaining staff, primarily because more experienced child care workers cannot afford to keep on working in the child care field. There has been a steadily increasing exodus of qualified staff from the child care field, forcing programs to close down or preventing them from expanding to meet rising demand. The National Child Care Staffing Study (NCCSS) found, for example, that annual turnover rates for child care workers in child care centers have nearly tripled in the past decade, jumping from 15 percent in 1977 to 41 percent in 1988. Currently, the turnover rate of child care staff is over twice the average of all employed persons, and is comparable to that of gas station attendants.

One of the most alarming aspects of the current staffing crisis is that it appears that qualified teachers who are leaving the child care field are not being replaced by teachers of equal quality. Teachers entering the child care field are generally less well-trained and less educated. As the NCCSS states: "As the upper echelon of trained teachers diminishes over time, with increasing turnover, children face an environment with fewer trained teachers and more minimally prepared staff."

The primary cause of this high turnover is low wages and benefits. Despite gains in education and experience, child care wages (when adjusted for inflation) have dropped dramatically in the past decade--falling by 27 percent for child care teachers and 20 percent for child care assistants. The NCCSS found that almost 60 percent of the child care workers in centers earned $5 per hour or less in 1988, and most received no yearly cost-of-living or merit increases. This places their annual income at roughly $10,000 per year, only slightly above the poverty level for a family of three in 1988. Despite the importance of their work, child care workers are paid far less than other workers with comparable educations--among those with some college, for example, child care workers earned an average of $9,300 per year, compared with an average of $19,400 for women and $29,250 for men with similar educational experience. Only two out of five of these teachers had health insurance coverage, and only one out of five was covered by a retirement plan. Not surprisingly, teaching staff with the lowest wages are twice as likely to leave their jobs as those earning the highest wages.

Furthermore, child care teachers are not rewarded for longer experience or educational achievement. For example, the NCCSS study found that teachers with some college experience earned, on average, only $1,400 more per year than teachers who had a high school diploma or less ($9,730 for the former, contrasted with

$8,295 for the latter). As the NCCSS concludes, "Little financial incentive exists for teaching staff to obtain more education, training, or experience."

Although comparable data are not available for family day care providers, evidence suggests their situations are worse than child care center staff--they are paid less, work longer hours, and are very isolated. Annual turnover rates for family day care providers are estimated to be between 50 and 60 percent. While no current data on salaries are available, a national study from the late 1970s found that the net weekly incomes of family day care providers ranged between $50 and $62--at most a total of $3,000 per year. Local surveys in 1984 found little relative improvement.

The NCCSS also found a strong relationship between the wages teachers receive and the quality of their performance in the classroom. Of all measures of the adult work environment, salary was the best predictor of the quality of the child development environment and of appropriate teacher behavior.

Improving the salaries and benefits of child care staff is one of the most difficult problems facing the child care system. Raising wages has been shown to increase the quality and stability of staff. Yet raising wages is expensive, given that salaries constitute between 60 and 85 percent of the operating budgets of child care centers and nearly 90 percent of the budgets of family day care providers. Providers are unable to raise wages unless they increase parental fees (or find some other stable source of additional revenue), which is difficult because providers understand that many parents are already stretching their budgets to the fullest extent to pay for child care.

(For more information, see the National Child Care Staffing Study listed in the Bibliography.)

Salary and Quality Enhancement Policies in Manitoba, Canada

The approach to salary enhancement and staff improvement in Manitoba, Canada, provides an interesting model that links salary improvements directly to staff training and qualifications.

Legislation was enacted in Manitoba in 1983 that required every full-time day care center to have one-third of its staff classified at a Child Care Worker II or III by October 1986, and two-thirds by October 1988. (These two levels reflect more advanced staff qualifications based on completion of training or demonstration of competence in working with young children.) However, two barriers to the implementation of this legislation quickly became apparent: there were not sufficient training courses available for staff to take during the evenings and weekends; and there was no mechanism for compensating individuals who had child care training.

To address the first of these problems, the Manitoba Child Day Care Office arranged training programs through community colleges. Staff traveled around the province to provide training. They also provided funds to centers to help them pay for substitutes so that staff members could take training courses without losing their wages or positions.

To address the issue of compensation, Manitoba introduced the Salary Enhancement Grant for Child Care Workers. These funds were to be used solely to supplement staff salaries and benefits. Centers must have daily fees of at least 80 percent of, but no more than, the maximum subsidized fee allowed in Manitoba's day care regulations. As of January 1988, the maximum salary enhancement grant was $2,800 (Canadian) per trained worker per year, with the actual amount of the grant based on hours worked. The 1988 budget for this initiative was $2.8 million.

Provincial officials note that this strategy has had positive effects on the salaries and turnover rates of child care staff--turnover rates dropped from an estimated 50 percent in 1983 to 20 to 30 percent in 1987.

(SOURCE: This description is paraphrased from the booklet produced by the Child Care Employees Project, Raising Salaries: Strategies that Work, 1986. See Bibliography.)

Using Public/Private Partnerships to Improve the Quality of Child Care

One of the more interesting child care developments in recent years has been the increasing use of public/private partnerships to meet the child care needs of working families. These collaborations between the public and private sectors draw upon the interest and strengths of businesses and nonprofit organizations, allowing states and communities to tap new sources of leadership and funding. Unlike employer-sponsored child care benefits, these partnerships tend to affect the community at large rather than being targeted to the employer's own work force. Such projects have the potential to provide significant new resources to the child care field, but thus far it appears that relatively few focus on the needs of low-income families.

The Child Care Action Campaign (CCAC) recently published a report, Making the Connections: Public/Private Partnerships in Child Care, that highlighted 20 innovative collaborations around the country (see Bibliography). A number of these partnerships seek to improve the quality of child care, but rarely focus on low-income families or providers serving them.

One exception is the **Child Care Development Project** in **Maine** that provides financial, technical, and management assistance to child care providers, including a significant group of providers serving low-income families. Through the combined efforts of the state Department of Human Services and a large corporation, Coastal Enterprises, Inc., the project tapped numerous funding sources to establish a revolving loan fund to create, expand, and improve child care centers and family day care programs. The project also provided training in aspects of business management for child care providers. As of January 1990, more than 700 child care spaces were either enhanced or created, one-third of which were for children of low-income parents.

CCAC examined numerous other public/private partnerships that seek to improve the quality of child care. While some certainly affect the quality of child care for low-income families, none were cited in the CCAC report as paying particular attention to their needs. Nonetheless, the following partnerships provide a glimpse of the range of possible approaches to public/private collaboration:

- The **California Child Care Initiative** combines the resources of 33 private organizations and the California Child Care Resource and Referral (R&R) Network. This initiative funds the R&R network in a number of efforts, training new and existing providers in the delivery of good quality care and providing technical assistance to new providers in program start-up and compliance with state licensing requirements and local codes.

- The **Connecticut Consortium for Child Care** uses public and private funds to increase the availability of high-quality and accessible child care. Its efforts include good quality training programs for child care providers.

- The **Family to Family** initiative in **Atlanta, Georgia**, focuses on recruiting and training family day care providers as well as educating consumers about good quality child care. The initiative (which also operates in 14 other communities in various states) is funded primarily by the Dayton Hudson Foundation and Mervyn's Department Stores. At the end of the Atlanta project's first year, accomplishments included the training of 122 providers and publication of newsletters to 6,000 parents.

- The **Maryland Employers Advisory Council on Child Care** combines public and private funds to develop and implement an effective business plan for improving all aspects of child care delivery. The council's plans span a broad range of issues such as funding for R&R programs, efforts to expand the supply of care, and efforts to train providers.

- The **Michigan Child Care Initiative** also focuses on recruiting and training family day care providers, using funds from Mervyn's Department Stores and existing public resources. This effort has resulted in the training of 934 new and existing providers, and enabled 151 providers to complete the state licensing process.

- The **Neighborhood Child Care Initiatives Project** in **New York City** draws upon both public and private resources to expand the number of licensed family day care providers. The project has provided training and also led to the development of a training curriculum for these providers.

- The **Corporate Champions Initiative** in **North Carolina** has sought to develop a county-wide strategy to facilitate the expansion of good quality child care. Using funds from the business community, the initiative offers technical assistance, funds for training, and other financial incentives for providers. For example, grants of $200 have been distributed to family day care providers who have completed two series of training courses.

- The **Security After School** program in **Washington** State uses public and private resources to improve the quality of after-school and summer programs (as well as to support one program in a housing project). The grants are available to enhance existing projects or establish new educational after-school programs.

The Role of Resource and Referral Services in Improving Quality

Community-based resource and referral (R&R) programs can play (and in some communities, are playing) a central role in efforts to improve the quality of child care. Since R&R agencies are in close contact with parents who use child care as well as child care providers, they can play a major role in implementing a number of the strategies discussed in this report. In particular, R&R agencies can:

- Educate parents about the elements of good quality care, support parents in their efforts to improve quality, and help parents understand the licensing system and what to do if they are concerned about their children's facility;
- Document parents' needs for a variety of child care options, identify child care providers' needs for assistance and support, and propose strategies to meet these needs;
- Provide technical assistance and training to new and experienced providers, and help them take full advantage of available training opportunities, grant and loan programs, equipment lend-or-lease programs, subsidies under the Child Care Food Program, and other potential sources of support; and
- Improve the supply and retention of high-quality child care by recruiting providers and providing them with training and ongoing assistance, and work to develop creative community solutions such as public-private partnerships and employer-supported child care initiatives.

While R&R agencies can make the licensing system and process more accessible and understandable to providers, as well as recruit and train new potential providers, they should not become regulators or licensors. It is essential that the responsibility of licensing and regulating remain with state and local governments.

When states choose to rely upon R&R programs for one or more of these purposes, they should ensure that the R&R's services are accessible to all families and providers, particularly those in low-income communities. Such families and providers may have different needs than higher income families. R&R agencies must be aware of these differing needs and structure their programs accordingly. In particular, operating hours must be accessible to parents who work full time, programs must be accessible to neighborhoods where low-income families live, and services and materials must be appropriate for parents and providers who may have less education or limited English proficiency. R&R programs that are not accessible in these ways will not successfully support the families and providers who most need assistance, and therefore will have a lesser impact on the quality of care of low-income children.

(For more information on resource and referral programs, call the National Association of Child Care Resource and Referral Agencies [NACCRRA] at (507) 287-2020, or write them at NACCRRA, 2116 Campus Drive SE, Rochester, Minnesota 55904.)

FOOTNOTES

1/ While specific recommendations of major professional organizations vary somewhat, these elements form the basis for model standards and requirements developed by such diverse groups as the National Association for the Education of Young Children (NAEYC), the Child Welfare League of America, and the National Black Child Development Institute, as well as (for federal funding standards such as the Head Start performance standards) the now-defunct Federal Interagency Day Care Requirements, and standards used by the U.S. Department of Defense for its child care programs.

2/ States vary in their classification of home-based child care programs. Some states have two categories--using "family day care homes" to refer to smaller programs and "group day care homes" to refer to larger programs--while others use "family day care homes" to refer to all home-based programs. Still other states license larger home-based programs as centers. To simplify these definitions, this section uses "family day care homes" to refer to all home-based child care programs.

3/ Estimates from Lawrence J. Schweinhart, "Looking at the Big Picture: Early Childhood Programs in the U.S. Today," reprint from High/Scope ReSource (Ypsilanti, MI: High Scope Press, Winter 1989), pg 4.

4/ This total, calculated from U.S. Census Bureau data from the fall of 1987, underestimates the total number of children using this form of care because it does not include children whose mothers did not work.

5/ Child care centers include a wide range of programs operated under many different auspices: not-for-profit facilities operated by government agencies, churches, community institutions, schools, or employers, as well as for-profit programs operated by independent providers or by national chains; full-time as well as part-time or drop-in programs; and free-standing programs as well as those located in the facility of the sponsoring organization.

6/ Schweinhart, "Looking at the Big Picture."

7/ Data about regulatory coverage of school-based programs should be used cautiously. Similar surveys conducted by other organizations have produced different and often ambiguous results. It appears that many state licensing agencies are themselves unclear regarding their policies for this type of program.

8/ The CDF survey only asked states about a few selected health and safety standards. Therefore, these findings may not be representative of the overall adequacy of any particular state's health and safety requirements.

9/ In some cases, a state is counted as providing "unqualified" access even though there are some qualifying statements. For example, California gives parents the unqualified right to visit unless it presents a risk to the children or a custodial parent has requested that non-custodial parents be denied access.

10/ These recommendations are from the National Association for the Education of Young Children (NAEYC). Organizations such as the NAEYC and the Child Welfare League, as well as researchers who developed the Early Childhood Environment Rating Scale, have produced similar recommendations for child-to-staff ratios. While they vary slightly, the National Research Council study draws from these diverse sources and suggests the following ranges of children per caregiver: no more than four infants or toddlers up to 24 months old; three to six two-year-olds; five to 10 three-year-olds; and seven to 10 children ages four to five. While these are the recommendations set for good quality care, they reflect professional agreement on what young children need to develop well, and therefore are reasonable goals for state policy.

11/ In Idaho the infant-to-staff ratio of 12:1 is not a standard set by the regulatory agency, but instead is a legislative prohibition (set in 1987) of any ratios higher than 12:1.

12/ Group size limits are the maximum number of children who can be cared for in or assigned to a single group throughout the day. Since family day care homes typically are defined as those with a single caregiver, child-to-staff ratios and group size limits are identical--they both reflect the number of children that can be legally cared for by a single family day care provider.

13/ These recommendations are from the National Association for the Education of Young Children (NAEYC). As discussed earlier with child-to-staff ratios, the group sizes recommended by the national organizations vary somewhat. However, the National Research Council derived the following range in acceptable group sizes from their recommendations: between six to eight children up to one year of age; between six to 12 for children ages one to two; 14 to 20 children age three; and between 16 to 20 per group of four- to five-year-olds. Furthermore, note that recommended levels often vary by age of child, by number of teachers, by training of teachers, and by age combinations of children in the group--consequently, there is not a single recommended group size. (See footnote 10/.)

14/ Several states have voluntary systems of licensing or regulation for smaller family day care homes. In those states, family day care homes can operate legally without meeting most state-imposed limits or requirements, often including the child-staff-ratios and group size limits described in this section.

15/ Training generally refers to structured opportunities to learn about issues that are specific to providing good quality care for children, such as: basic principles of child development, health and safety practices, nutrition, first aid, recognition and response to detection of communicable diseases, child abuse detection and prevention, and needs of special populations. States often have other requirements that are not related to the caregiver's experience, training, or education--for example, requirements related to their age, mental and physical health, character, and possible criminal background. These requirements are not addressed here.

16/ The licensing agency in Delaware has developed a series of graphs that compare actual staff caseloads with recommended caseloads, and show the change in these workloads over time due to the increasing number of facilities. They have found these graphs to be an effective lobbying tool to demonstrate the need for additional staff. For more information on this strategy, see listings for state licensing contacts in the back of this report.

17/ There is evidence that efforts to increase salaries have had positive results--Massachusetts, for example, was able to raise salaries of affected staff by 32 percent or more between FY 1986 and FY 1987, and a preliminary evaluation of the New York initiative found that turnover rates for staff in fully subsidized programs in New York City fell from 42 percent in December 1987 to 27 percent in September 1989.

18/ In FY 1991 New York changed its strategy and allocated funds separately for grants ($3.8 million) and programs participating in the state subsidy program ($7.76 million). State subsidy programs receive their funds through higher reimbursement rates, and were not required to spend them on salary increases.

19/ The Minnesota salary initiative was repealed for FY 1990 because it was not having the desired impact on salaries. Under the legislation, counties could avoid examining salary levels if they set rates exactly at 110 percent of the median rate for the county. All but two counties chose this strategy. Since the salary effort was repealed, counties can set their reimbursement levels between 110 percent and 125 percent without linking higher reimbursements to salaries. However, counties have not been allocated any additional funds. Consequently, most counties are leaving their reimbursement rates at 110 percent of the median so they can keep supporting the same number of families.

20/ Licensing staff can play an important role in providing technical assistance and training, as well as helping providers learn about other resources in the community, as they are in some cases the only state or local officials who have any contact with the provider. Despite the value of such efforts, however, it is essential that licensing staff keep enforcement as their first priority and only play the role of technical advisor as a secondary function.

21/ Such policies obviously can have an effect on quality. However, given that their primary purpose is to expand the *supply* of good quality care, they are not discussed in this paper. Data on those states that have grant or low-interest loan programs to improve the supply of child care will be included in a forthcoming CDF report on state policies to affect the supply of child care.

22/ Some federal programs, including the Head Start program and the Child Care Food program, require that programs receiving their funds meet certain standards. The Head Start program, for example, has its own quality standards, while the Child Care Food program requires that facilities meet applicable state and local standards.

TECHNICAL NOTES

The data in this report are the result of two surveys conducted by the Children's Defense Fund in the summer and fall of 1989. The first survey examined state regulatory policy, and was developed with the technical assistance of the National Association of Regulatory Administrators. The data obtained from this survey--presented in Parts I, II, and III of this report--have been updated to reflect current state policies as of April 1, 1990. The second survey examined state efforts to improve salaries or provide training, as well as to provide funds for other quality improvements. Data obtained through this second survey--presented in part IV--represent state policies in FY 1989.

Each survey initially was mailed to the chief state licensing official or other appropriate state child care agency staff member. CDF staff subsequently contacted these officials by phone and either recorded state responses at that time or asked them to respond by mail. Data obtained through the surveys were carefully checked for accuracy and consistency, and entered into a computerized data base to facilitate analysis.

The data from these surveys then were analyzed by CDF staff and combined with similar data generously provided by Gwen Morgan of Work/Family Directions in Watertown, Massachusetts, who collected data on a wide range of state licensing policies in 1989. These data have been compiled in her publication, The National State of Child Care Regulation, 1989.

Finally, the combined data and analysis were sent to all respondents for review and correction. State licensing agencies were asked to update all licensing data to reflect their policies as of April 1, 1990. Comments and corrections were received from almost all states.

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ABOUT CDF

The Children's Defense Fund (CDF) exists to provide a strong and effective voice for the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor, minority, and disabled children. Our goal is to educate the nation about the needs of children and encourage preventive investment in children before they get sick, drop out of school, suffer family breakdown, or get into trouble.

CDF is a unique organization. CDF focuses on programs and policies that affect large numbers of children, rather than on helping families on a case-by-case basis. Our staff includes specialists in health, education, child welfare, mental health, child development, adolescent pregnancy prevention, and youth employment. CDF gathers data and disseminates information on key issues affecting children. We monitor the development and implementation of federal and state policies. We provide information, technical assistance, and support to a network of state and local child advocates. We pursue an annual legislative agenda in the United States Congress and litigate selected cases of major importance. CDF's major initiatives include our adolescent pregnancy prevention program and a prenatal care and child health campaign. CDF educates tens of thousands of citizens annually about children's needs and responsible policy options for meeting those needs.

CDF is a national organization with roots in communities across America. Although our main office is in Washington, D.C., we reach out to towns and cities across the country to monitor the effects of changes in national and state policies and to help people and organizations who are concerned with what happens to children. CDF maintains state offices in Minnesota, Ohio, and Texas. CDF has developed cooperative projects with groups in many states.

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31